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County Council of the County of Lanark

EDUCATION COMMITTEE

TWENTY-NINTH
ANNUAL REPORT

ON THE


MEDICAL INSPECTION,
SUPERVISION, AND TREATMENT
OF SCHOOL CHILDREN

1937-38

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TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION
COMMITTEE OF THE COUNTY OF LANARK.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I beg to submit the Twenty-Ninth Annual Report on the Medical Inspection, Supervision, and Treatment of School Children in the County of Lanark for the year ended 31st July, 1938. This report is prepared in accordance with the Memorandum on School Health Administration issued by the Department of Health for Scotland.

I am,

Your obedient Servant,

JOHN MACINTYRE,
Executive School Medical Officer.

SCHOOL MEDICAL INSPECTION OFFICES,
3 CLYDESDALE STREET,
HAMILTON, *October, 1938.*

STAFF.

Executive School Medical Officer.

JOHN MACINTYRE, M.B., Ch.B., D.P.H.

Assistant School Medical Officers.

ANN K. CORMACK, M.B., Ch.B.
ISABEL C. DARLING, M.B., Ch.B., D.P.H.
JANET B. CUNNINGHAM, M.B., Ch.B., D.P.H.
IAN C. MACKENZIE, L.R.C.P. & S.Ed., D.P.H.
JOHN YOUNG, L.R.C.P. & S.Ed., D.P.H.

Dental Surgeons.

R. JARDINE BEATTIE, L.D.S.
(a) WILLIAM GIBSON, L.D.S.
WILLIAM KERR, L.D.S.
ANDREW C. F. RANKIN, L.D.S.
ARCHIBALD W. M. WATSON, L.D.S.
ELIZABETH WATSON, L.D.S.
MARY N. YOUNG, L.D.S.

Part-Time Ophthalmic Surgeons.

JAMES HILL, M.B., Ch.B., D.O.M.S.
H. SOMERVILLE MARTYN, M.A., M.B., Ch.B.
JOHN A. MORTIMER, M.D., M.R.C.P.E.
JAMES R. WATSON, M.A., B.Sc., M.D., D.P.H.

Part-Time Ear, Nose, and Throat Specialist.

JAMES ADAM, M.A., M.D., F.R.F.P.S.G.

Nurses.

HELEN S. BERTRAM.	(b) ANNIE MACAULEY.
MARY M. BENNETT.	MARJORY K. M'DOUGALL.
JESSIE M'L. BLACK.	ISABEL MACKINNON.
MARTHA CHISLETT.	JEAN G. M'GHIE.
ISOBEL T. COCHRAN.	(c) NEILINA M'INNES.
RACHEL DOBIE.	MARGARET NEILSON.
ANNIE N. DOUGLAS.	HELEN PARK.
FLORENCE D. FLEMING.	MYRA E. SMITH.
JEAN HANNAH.	MARGARET C. R. SUTTER.
AMY S. T. HISLOP.	ISABEL TAYLOR.
AGNES L. D. MILLER.	MARY A. YATES.

Clerical Staff.

Chief Clerk—ROBERT A. M'ROBBIE.

JOHN PORTER.	SARAH M. B. CLARK.
(d) PETER KANE.	HELEN S. STEVEN.
(e) JAMES BISHOP.	JEAN B. THOMSON.

(a) Appointed 16/8/37.

(b) Appointed 16/8/37.

(c) Appointed 10/1/38.

(d) Resigned 15/7/37.

(e) Appointed 20/9/37.

SCHEME OF MEDICAL INSPECTION, SUPERVISION, AND TREATMENT.

I.

LIST OF STAFF.

The personnel of the medical, dental, nursing, and clerical staffs is as shown on page 6 of this report. During the year under review an additional dental surgeon—Mr. William Gibson, L.D.S.—was appointed for whole-time duty and took up office in August, 1937. Two additional whole-time nurses were also appointed—Nurse Macauley on 16th August, 1937, and Nurse M'Innes on 10th January, 1938. Mr. Peter Kane resigned from the clerical staff on 15th July, 1937, and was succeeded by Mr. James Bishop on 20th September, 1937. No other changes in the staff fall to be recorded.

II.

(a) Number of schools in the whole Educational Area :—

Primary and Advanced Division Schools, ...	220
Secondary Schools,	20
Special Schools or Classes,	11

(b) Number of Pupils on Register,	89,229
Number of Pupils in Average Attendance,	81,474

On 16th May, 1938, Garthamlock Primary School was transferred to Glasgow, under the Glasgow Boundaries Order, 1937.

During the past year, although no new schools were completed, a considerable amount of extension to and alteration of existing schools was overtaken, the chief of these being :—

Whifflet Primary School.

Alterations and provision of cloakroom and latrines remodelled.

Newton Primary School.

Alterations and provision of cloakroom and new latrines.

Mount Vernon Primary School.

Provision of 2 classrooms, hut and science room.

Bent Primary School, Kirkmuirhill.

Provision of cloakroom and staff room.

Glencairn Primary School, Motherwell.

Internal alterations and latrines remodelled; provision of dental, ophthalmic, and waiting rooms.

Bishopbriggs H.G. School.

Provision of 3 classroom hut.

Craigneuk Primary School.

Alterations to lavatories.

Baillieston R.C. School.

Provision of 1 classroom hut.

Greenfield Primary School, Burnbank.

New latrines.

Drumclog Primary School.

Provision of new bathroom and cloakrooms.

Wishaw Public School.

Alteration of 3 classrooms to provide dental, ophthalmic, minor ailments, medical officer's, and waiting rooms.

Many improvements in the matter of lighting, heating, and sanitation, etc., were also effected.

III.

NUMBER OF VISITS TO SCHOOLS FOR SYSTEMATIC EXAMINATION OF SCHOLARS.

Every school in the educational area was visited during the past year and the various routine age groups of children were examined. As formerly, the groups examined were :—(1) Entrants (5-6 years old) ; (2) Intermediates (9 years old) ; (3) Seniors (12 years old) ; (4) Secondary pupils (16 years old). In addition to these, a large number of special (non-routine) cases were examined at the time of the medical officers' visits, either at the request of the teachers or of the parents.

The total number of children subjected to full medical examination in the specified age groups was **28,522**, made up of 14,335 boys and 14,187 girls—a remarkably even distribution of the sexes. This number represents **99.4** per cent. of all pupils coming within the age groups concerned. It can justifiably be claimed, therefore, that the routine examinations were practically complete. There was, as usual, a small percentage (0.6) of pupils, who, on account of prolonged illness and consequent absence from school, could not be examined by the school medical staff.

The number of special cases presented for examination during the medical officers' routine examinations amounted to **5,380**.

Table A shows in detail the numbers of pupils examined in each age group in each School Management Area.

The total number of sessions devoted to routine medical inspection by the medical officers was 1,078 ; the number of sessions devoted to revisiting of schools was 452.

IV.

NUMBER OF SPECIAL VISITS MADE BY THE SCHOOL MEDICAL OFFICERS.

Following on the routine medical examinations, special visits were paid to the schools by the medical staff for the purpose of re-examining those pupils who had been found to be suffering from some disability and also to examine any special cases which might have arisen in the interval. Occasion was also taken at these revisits to conduct a full medical examination of those " age-group " children who were absent at the time of the routine examination.

At these systematic revisits the numbers of pupils re-examined were as follows :—At 1st revisit, 7,348 ; at 2nd revisit, 5,319 ; at 3rd revisit, 1,330 ; at 4th revisit, 63 ; making a total of **14,060** re-examinations conducted. (See page 20).

In addition to these systematic revisits, a considerable number of " flying " visits were paid to the schools for the purpose of examining applicants for part-time employment, and also in connection with applications for food, clothing, boots, etc. For the number of pupils specially examined under these categories, see pages 20-21 of this report.

During the past year the executive school medical officer personally made 168 visits to the schools in connection with special examinations and matters of administration.

V.

SANITARY CONDITION OF SCHOOLS.

Occasion is taken during the visits paid by the medical officers to keep a careful supervision of the sanitary, lighting, heating, ventilation, etc., conditions of the schools and on very few occasions indeed has there been any cause for complaint. The daily cleaning of the classrooms is efficiently carried out as are also the periodical large-scale cleansing operations—scrubbing of floors, cleaning of walls, windows, etc. On no occasion during the year has any complaint been received from the sanitary authorities of the County or Burghs regarding the sanitary condition of the schools. Indeed, on many occasions in recent years these officials have specially commented in their annual reports on the highly satisfactory condition of the school latrines, state of playgrounds, etc.

One point, however, which calls for comment is in regard to the type of school drinking fountain which is now generally installed, namely, the fountain or jet type. The metal nozzle of the fountain is a source of danger to children engaged in drinking, especially at play and dinner intervals, as they are at the mercy of their class-fellows, who may, playfully or maliciously, push the child's head forcibly downwards causing the teeth to come into violent contact with the fountain nozzle. Several cases of permanently damaged front teeth resulting from this have come under the care of the school dentists. It might be possible to obviate this danger by shortening the nozzle till it is almost flush with the bottom of the basin and by forcing the water jet to rise an inch or so higher than at present. To encase the present nozzle with some yielding material, such as rubber, does not seem a satisfactory solution. The fountain type of drinking well is such a great advance on the older type of school well and iron tumbler that it would be a pity if its hygienic and other advantages were minimised by a disadvantage such as has been mentioned.

In the matter of school lighting, the introduction of electricity into country areas has been of great advantage to rural schools and wherever possible this type of lighting should replace lamp and gas light.

VI.

(A) ORGANISATION AND ADMINISTRATION.

Whilst the present scheme of school medical inspection and supervision has functioned smoothly and, on the whole, efficiently throughout Scotland for many years, it has been found that there has been some lack of uniformity in the method of recording the medical officer's findings and in the summarising of results which makes comparison of one educational area with another somewhat difficult. Consequently, a proposal was put forward by the Department of Health for Scotland to introduce a more uniform method of recording and summarising the findings of school medical officers which would make the comparisons between different areas more easy to effect. Several meetings of the school medical officers with the officials of the Department have taken place and an agreed-upon method of tabulating the results and of classifying pupils has been satisfactorily arranged. This will entail some adjustment of the record cards at present in use and the new method of recording will come into force at the commencement of the session 1938-1939.

It is recognised, of course, that each area in Scotland has its own problem to face and methods applicable to one area may have to be modified in less favourably situated areas. Consequently, school medical officers will, as formerly, have considerable latitude in adjusting the administration of their scheme to the exigencies of their area, due allowance being made for geographical and other difficulties which will be encountered. No radical changes have been introduced, but the new record card would seem to make for greater simplicity and furnish a more accurate picture of the health of the school children throughout Scotland.

(B) SCHOOL NURSES.

1. NUMBER ON STAFF.

The school nursing service consists of 22 fully trained nurses who devote their whole time to the work of the service. Of these, 7 are allocated for medical inspection and supervision in schools and 15 for treatment. However, there is no hard and fast allocation of duties, and all members of the nursing staff may be employed either in inspection at schools or in work at the various clinics.

The appointment of an additional whole-time dentist to the staff and the opening of an additional minor ailments clinic at Wishaw necessitated the appointment of two additional nurses during the session under review.

2. DUTIES IN SCHOOLS AND CLINICS.

A detailed account of the duties of the nursing staff at schools and clinics was given in the Annual Report for the year 1932-33.

3. DUTIES IN VISITING.

Full details regarding these duties were furnished in the Annual Report for year 1929-30. The number of special visits to homes paid during the past year amounted to 653. These visits were made principally in connection with cases of uncleanness or irregular attendance at the treatment clinics. All schools served by a minor ailments clinic are visited by the clinic nurses at frequent intervals.

(C) ARRANGEMENTS FOR " FOLLOWING UP."

For a detailed account of the procedure of " following up " notified cases see Annual Report for year 1929-30.

(D) SUPERVISION OF INFECTIOUS DISEASES
INCLUDING SCHOOL CLOSURE.

Strict supervision of all cases of infectious or contagious disease affecting school children continues to be maintained. In the case of notifiable diseases, this supervision is much more easily carried out, in conjunction with the public health authorities, than is the case of non-notifiable diseases, such as measles, whooping-cough, mumps, etc. However, teachers soon become aware when any infectious condition is becoming at all prevalent in a district and are on the alert to watch for any signs of malaise occurring amongst their pupils. In any suspected case, the usual procedure is to exclude the child from school in order that he may be seen by the family doctor or to refer the case to the nearest minor ailments clinic. Each head teacher is furnished with a copy of the public health regulations applicable to infectious and contagious diseases, but should there be any doubt in the teacher's mind as to the application of any regulation he communicates with headquarters either by telephone or letter.

The establishing of minor ailments clinics in all of the densely populated districts has been of incalculable benefit in controlling the spread of contagious diseases, such as impetigo, scabies, epidemic conjunctivitis, etc., as children exhibiting any sign of skin abnormality may be referred to the clinic forthwith for expert advice and any necessary treatment. Not only do the clinics exercise a very definite control over these conditions, but the period of a child's exclusion, if such is necessary, can be greatly reduced.

Table X shows the number of cases of infectious or contagious disease detected by the school medical officers during their visits to school or clinic throughout the past year. Reference to the statistical table of the minor ailments clinics, however, will give a much better idea of the number of cases of contagious disease dealt with by the medical staff as a large proportion of the cases treated at the clinics were referred there by the teachers themselves.

In regard to the more serious infectious conditions, it is satisfactory to note that only 7 cases of diphtheria were found during routine examination during the year. No case of scarlet fever was discovered at school. Of the less important infectious diseases, 31 cases of mumps, 50 cases of chickenpox, 5 cases of whooping-cough, and 2 cases of measles were discovered by the medical officers at their routine visits.

It was not found necessary to recommend the closure of any school or department of a school on account of infectious or contagious disease during the year under review.

The County bacteriologist, as formerly, examined and reported upon all specimens submitted to him by the school medical staff. A total of 28 specimens were submitted, viz. :—Suspected diphtheria, 18; suspected ringworm of scalp, 10.

(E) CO-ORDINATION WITH PUBLIC HEALTH SERVICES.

Close co-operation between the school medical service and the various public health services in the educational area continues to be maintained. It is well to record also that there is an excellent personal relationship between the members of the two services which makes for efficient and harmonious working. The "personal touch" is an important factor in all public administration and never more so than when affecting the various departments of a medical service or between one public health service and another, and whatever success has been attained in this County in dealing with the many and varied aspects of school health administration has been due, in large measure, to the fostering of the spirit of team work.

But although it is highly desirable that the closest co-operation should be maintained between one set of officials and another, it is perhaps even more important to get into close touch with the large

body of general practitioners throughout the County. When personal contact is made with the family doctor many so-called difficulties are entirely cleared away. Co-operation between a public medical service and the private practitioners is a factor of inestimable value in dealing with the health of a community. The services are not distinct and opposite as their names "public" and "private" might imply; they are complementary services and only when this is frankly recognised can the best results be expected.

The increasing readiness of private practitioners to deal with cases referred to them from the school medical service and the frequency with which family doctors refer many of their child patients for treatment by the Education Committee's doctors, dentists, ophthalmic surgeons and nose and throat specialists are evidence of the good relationship that now generally exists. This was not achieved without some little difficulty, but it can now be claimed that any feeling of distrust or suspicion on either side has practically disappeared. At any rate, this is the writer's definite opinion after a long association with the school medical service and frequent contact with the private practitioners.

The medical officers of health, both of County and Burghs, continue to place at the disposal of the school medical officers their ultra violet ray clinics, and have undertaken the treatment, free of cost, of all children referred to them in their respective areas. The same applies to all cases of suspected tubercular disease submitted for fuller investigation. The joint use of clinics continues to operate at Motherwell, Hamilton, Blantyre, Shotts, and Larkhall, and in the near future will also be observed at Bellshill and Coatbridge.

In order to keep a strict supervision of school children who are "sputum positive" contacts, all such children are notified from the County public health department to the school health service, and the school medical officers have the children concerned under special supervision. The total number of sputum positive contacts under observation was 557. Of these, 268 received two examinations during the year, 132 had three examinations, and 13 had four examinations. In all but 10 cases the children's condition was found to be satisfactory, the doubtful cases (10) being referred back for further examination by the tuberculosis officer.

(F) PRESENCE OF PARENTS AT MEDICAL INSPECTION AND TREATMENT CENTRES.

What has been written in previous reports in regard to parental attendance at the examination of their children, namely, that at the *routine* medical examination at school the attendance of parents is small but that at *special* examinations the attendance is excellent, still holds good. Apart from stimulating interest in the health of their children, the absence of parents has little, if any, adverse effect on the scheme as every child who is found to suffer from a defect is

notified to the parents and, should the disability be of a special importance, an interview with the parent is sought, and, in practically every case, granted. One must have regard to the domestic duties of the mothers and the distance many of them would have to come, and it does seem rather a waste of valuable time to have a mother in attendance merely to tell her that her child is healthy—a fact of which she is probably already quite well aware. School medical inspection has been in force for so many years, running into the second generation, that parents fully realise that, should any unsuspected disability be discovered at school, they will be summoned to have the matter discussed by the medical officer. In the absence of such notification they know that it is well with the child.

When parents did attend at the routine inspection, it was generally in the case of the youngest children; thus, 925 attended at the first routine examination ("entrants" group), 188 at the second examination (9 years old group), 51 at the third examination (12 years old group), and 2 at the 16 years old group examination.

The following tabular statement shows the attendance of parents at the routine examinations in the various school management areas:—

		Entrants.		9 years old.		12 years old.		16 years old.		Total.
		B.	G.	B.	G.	B.	G.	B.	G.	
AREA	1	4	1	1	1	—	1	—	—	8
	2	15	12	—	1	2	—	—	—	30
	3	18	12	6	6	—	1	—	—	43
	4	18	23	4	4	1	2	1	1	54
	5	9	9	—	1	—	—	—	—	19
	6	47	33	8	6	4	4	—	—	102
	7	17	20	8	6	2	1	—	—	54
	8	74	75	12	30	2	7	—	—	200
	9	50	61	20	11	4	2	—	—	148
	10	8	20	—	—	1	—	—	—	29
	11	32	45	2	9	—	—	—	—	88
	12	51	53	12	5	6	4	—	—	131
	13	36	52	5	12	2	2	—	—	109
	14	59	71	6	12	1	2	—	—	151
TOTAL,		438	487	84	104	25	26	1	1	1,166

The attendance of parents at the treatment centres (minor ailments, dental, ophthalmic, etc.) continues to be highly satisfactory, and shows that, where the health of their children is actively concerned, there is little, if any, parental apathy. In clinic surroundings parents are more directly and forcibly influenced in the matter of the preservation of their children's health than can be hoped for during routine medical examination at school where the subject of health is, generally, more academic in its application.

(G) SPECIAL EXAMINATIONS.

During the past year there has been no abatement in the demands made for special examinations to be undertaken by the members of the school medical service. Indeed, the tendency is definitely in the other direction, and each succeeding year seems to produce at least one more branch of social service necessitating medical reports from the school staff. If further calls continue to be made on the services of the school doctors, it is certain that the present staff will require to be augmented.

To facilitate the medical officer's work and reduce correspondence as far as possible, it is necessary again to emphasise that, when a special report is called for, no matter of what nature, the full name of the child to be examined, his date of birth, *correct* home address, and school, if any, attended, should invariably be submitted along with the request, and, if possible, a brief indication given of the nature of the suspected disability to be reported upon. Although this has been emphasised over and over again in previous Annual Reports, many requests continue to be received where the above data have been entirely omitted and the request couched in the vaguest of terms. It is to be noted that teachers are the greatest offenders in this respect.

In submitting requests for reports, Clerks to Local School Management Committees also could greatly facilitate the work of the medical officers if they would indicate more precisely the home address of the children to be examined. New housing schemes are arising with mushroom-like rapidity in all districts, and it is exceedingly difficult for the medical officers to trace those floral or arboreal names of avenues, terraces and crescents which seem to be the recognised endowment of new housing schemes. If the district could also be given, it would afford some clue in tracing the homes concerned. It has to be remembered that not all children are examined at schools or clinics, and that very frequently the medical officers have to conduct their examinations at the children's homes. In fact, during the past year, no fewer than **417** home examinations were conducted by the school doctors and **653** by the school nurses.

(a) *For Infectious or Contagious Diseases*.—Whenever intimation is received from a school that cases of infectious or contagious disease require investigation, the schools are visited and instructions given in the matter of all necessary precautions. At many of the schools, especially those served by a central minor ailments clinic, frequent unannounced visits are made by the clinic nurses. These visits are of great value in discovering early cases of contagious diseases, such as impetigo, scabies, etc.

(b) *Absentee Pupils*.—In this category are included all children who have been absent from school for more or less lengthy periods and in whose case there is real doubt as to the genuineness of the absence. The term also applies to children, who, being of school age, have not

yet enrolled at school, and also to children who are markedly irregular in their attendance at school on the pretext of ill-health.

The proper channel for making application for special examinations is through the Clerk to the Local School Management Committee who will transmit the applications, presumably after they have been scrutinised by him, to the Director of Education, or, as is now generally done, direct to the Executive School Medical Officer. The medical reports will, in due course, be submitted to the Clerk of the School Management Committee concerned for the guidance of his attendance officers. This procedure, if carried out, would reduce correspondence which is already voluminous. Teachers and attendance officers have been appealed to in this connection in many former reports, but scarcely a day passes without requests being received which have not come through the recognised channel.

It should be noted that the foregoing applies only to *absentee* children and all teachers have full liberty to make direct application to the medical officer for a special examination of any of their pupils in attendance at school who suffer from any physical or mental disability.

During the past year, **1,020** requests were received from the various School Management Areas for special examination and report. The following table shows the areas from which the applications were received:—

School Management Area.	Number of Children.
1,	2
2,	5
3,	31
4,	61
5,	92
6,	136
7,	56
8,	37
9,	100
10,	52
11,	219
12,	141
13,	65
14,	23
	<hr/> 1,020 <hr/>

In addition to the foregoing, a large number of children were brought voluntarily by their parents for examination by the medical officers at the various minor ailments clinics. These were cases where parents were anxious to have further advice regarding their children's fitness to resume attendance at school. In all, **2,445** absentee children,

other than those reported through the clerks to School Management Committees, were examined at the minor ailments clinics. Thus :—Airdrie Clinic, 184 ; Blantyre Clinic, 259 ; Larkhall Clinic, 229 ; Hamilton Clinic, 403 ; Gateside Clinic, 221 ; Rutherglen Clinic, 388 ; Motherwell Clinic, 620 ; Wishaw Clinic, 141.

(c) *Physically Invalid Children*.—In this category are included all children who were reported to be suffering from some physical disability sufficiently severe to raise the presumption that special educational facilities would be necessary in their case. In all, 856 such cases were notified for special examination and report, but, after examination, it was found that, in the majority of instances, the disability—if any—was of a temporary nature, and ordinary school attendance was recommended. But the investigation of these cases entails as full and thorough an examination as in the case of children who are genuinely handicapped. On the other hand, amongst the cases submitted, there was a considerable number whose disability was so pronounced that special arrangements had to be made for their education, *e.g.*, cases of acquired or congenital valvular heart disease ; crippling defects such as result from infantile paralysis or injury ; chorea ; marked debility following some acute illness ; epilepsy ; deaf-mutism ; blindness ; high myopia ; hydrocephalus ; and so on. The Committee's special schools were able to deal with practically all of the cases, with the exception of severe epilepsy, blindness and certain cases of deaf-mutism. These exceptional conditions were dealt with at special institutions.

(d) *Mentally Invalid Children*.—During the past year, 75 cases of suspected mental defect were examined and reported upon. The majority of these cases were submitted by the clerks to the Local School Management Committees, a considerable number by head teachers, and some by private medical practitioners.

In some few instances the children were found to be merely dull or backward, but when definite mental defect was present, the usual arrangements were made for providing special education in the case of "educable" children. Where, however, the degree of mental defect was such as to preclude all hope of the child's benefiting from special instruction the case was notified to the General Board of Control for Scotland and the local Public Assistance Officer.

All children in attendance at the classes for mentally retarded children in each of the Committee's special schools are kept under regular medical supervision. It is found necessary from time to time to exclude certain cases which, after prolonged and sympathetic trial, have failed to respond to the special education given at these schools, as "ineducable" and report them to the General Board of Control.

During the course of the year, 33 mentally retarded children were admitted to the Committee's special schools and 30 cases were reported to the General Board of Control. Certain of these latter were children

who had attended the Committee's special schools on trial, but who had failed to respond to the education provided or whose attendance, for other reasons, had to be discontinued.

(e) *Visits to Special Schools*.—All of the Committee's special schools are regularly visited and strict observation maintained over the physical and mental progress of the pupils. Care is also taken to see that the special apparatus worn by certain of the children—surgical boots, splints, spinal jackets, etc.—is in good repair and is fitting properly. At these schools, a complete record of a child's physical and scholastic progress is kept. Apart from the regular visits to the special schools, the schools are visited when any special case arises on which the head teacher wishes guidance.

(f) *Employment of Children Act*.—All school children making application to engage in part-time employment in accordance with the Committee's Bye-laws are required to undergo medical examination by the school medical officers and a certificate of fitness to engage in the employment will be granted or refused according as the medical report is favourable or otherwise. It may be that the applicant is certified as temporarily unfit, in which case a further examination will be afforded later on. Again, a pupil who has been granted a permit to engage in part-time employment may, for health or other reasons, have the permit temporarily suspended, or it may be withdrawn permanently.

During the past year, 802 applicants for part-time employment were examined. Of these, 796 were granted permits and 6 were refused on medical grounds. Milk and newspaper delivery were, as formerly, the principal occupations engaged in by the pupils, the numbers respectively being 344 and 342. Message boys comprised 94; lather boys, 11; golf caddies, 5.

The accompanying table shows the number of applicants examined, the number of permits granted or refused and the nature of employment, in each School Management Area.

(g) *Blind Persons Act (1920)*.—During the past year, 4 adult blind persons desiring to enter upon a course of vocational training were medically examined and reported upon. The Committee have now 19 blind trainees—17 at the Glasgow Centre and 2 at Edinburgh.

(h) *Members of Committee's Staff*.—Examinations were conducted and reports were furnished in the case of 21 members of the Committee's staff, chiefly on their taking up duty in the Committee's service, or in connection with their retirement from duty, namely, janitors, 12; teachers, 1; school nurses, 2; school typists, 2; assistant librarians, 2; school cleaners, 2.

(i) *Examination of Necessitous Children*.—A large number of examinations was conducted by the medical staff in connection with applications for boots, clothing, food, tonic food, milk, special boots and surgical appliances, etc. Practically all of these applications came from the Director of Education, but a certain number were received direct from local officers of the Unemployment Assistance

Bye-Laws under the Employment of Children Act, 1903, and Education (Scotland) Act, 1918.

STATEMENT SHOWING NUMBER OF CHILDREN EXAMINED, NUMBER OF CERTIFICATES GRANTED OR REFUSED, AND NATURE OF EMPLOYMENT

SCHOOL MANAGEMENT COMMITTEES.					No. of Children Examined.	Certificates.		NATURE OF EMPLOYMENT.				
						Granted.	Refused.	Milk Carrier.	Delivering Newspapers.	Delivering Messages.	Lather Boy.	Golf Caddie.
Number	1	...	...	...	6	6	—	—	4	2	—	—
„	2	...	...	...	—	—	—	—	—	—	—	—
„	3	...	...	...	30	30	—	8	14	3	—	5
„	4	...	...	...	65	65	—	13	35	16	1	—
„	5	...	...	...	43	41	2	6	25	9	1	—
„	6	...	...	...	79	79	—	26	41	12	—	—
„	7	...	...	...	35	34	1	15	16	2	1	—
„	8	...	...	...	133	131	2	70	51	8	2	—
„	9	...	...	...	69	68	1	29	32	6	1	—
„	10	...	...	...	30	30	—	21	5	4	—	—
„	11	...	...	...	89	89	—	63	23	—	3	—
„	12	...	...	...	58	58	—	27	25	5	1	—
„	13	...	...	...	80	80	—	32	32	15	1	—
„	14	...	...	...	85	85	—	34	39	12	—	—
TOTAL					802	796	6	344	342	94	11	5

Board. The following were the numbers of children examined in each category :—

Boots or clothing, 276 ; free milk, 341 ; tonic food and extra diet, 109 ; surgical appliances, 72 ; total, 798.

(j) *Examination of Students in Preliminary Training*.—In accordance with the regulations governing the preliminary education, training, and certification of teachers, 21 candidates were medically examined.

(k) *Children and Young Persons (Scotland) Act, 1937*.—In accordance with the provisions of the Act, 63 children and young persons were medically examined during the past year. Of these, 56 were juvenile offenders, of whom 55 were boys and 1 was a girl. There were 7 cases of guardianship, of whom 4 were boys and 3 girls.

(l) *Pupils at Junior Instruction Centres*.—The services of the school medical staff are available for the pupils attending these centres. During the year, 370 of the pupils were examined by the medical officers.

(m) *Pupils for Residential Domestic Training Course*.—A strict examination is made of all pupils who desire to attend the centres which are situated at Coatbridge and Motherwell. The examinations are conducted just prior to the girls taking up residence so as to eliminate, as far as possible, any case of uncleanness or infectious or contagious disease. Altogether, 204 applicants were examined, 108 at Coatbridge and 96 at Motherwell.

(n) *Central Council for the Care of Cripples*.—At the request of the above Council a survey of all children of school age who suffered from some crippling disability was conducted in the spring of this year. The conditions to be noted were not merely gross defects such as paralysis resulting from some acute illness, *e.g.*, infantile paralysis, or loss of a limb, but a record was taken of any condition which might be cured or alleviated by orthopaedic treatment or by the provision of a correcting appliance. In all, 462 children were specially examined and their disability recorded on a special card for submission to the Council. The following are the numbers examined in each Burgh and in the County Area :—

Hamilton, 51 ; Coatbridge, 71 ; Motherwell and Wishaw, 44 ; Rutherglen, 19 ; Airdrie, 32 ; County Area, 245.

The foregoing may not be an absolutely complete list of all children who might come under the Central Council's care, but it is sufficiently comprehensive to justify action on the part of the Council.

(o) *Examination for Entry to Air Force*.—A preliminary examination of 7 schoolboy candidates for entry into the Air Force was conducted in May of the present year. The examination by the school medical officer was to ensure that the boys had a reasonable chance of passing the very strict medical test conducted by the Air Force before finally presenting themselves as candidates. The physique of the boys was generally good, but it would be well to draw any intending candidate's attention to the stringent regulations regarding dental fitness and to the necessity of having regular dental attention from the school dentist or from their private dentist.

VII.

THE PHYSICAL CONDITION OF THE SCHOOL CHILDREN.

(A) TOTAL NUMBER OF CHILDREN EXAMINED.

(a) At Systematic Examinations :—

	1937-38.		1936-37.	
	Boys.	Girls.	Boys.	Girls.
Entrants (6 years old), ...	4,410	4,461	4,576	4,628
Intermediates (9 years old),	4,568	4,535	4,664	4,513
Seniors (12 years old), ...	4,830	4,839	4,907	4,767
Secondary Pupils (16 years and over), ...	527	352	609	389
	14,335	14,187	14,756	14,297
Total, ...	28,522		29,053	
(b) Special Cases (non-routine),	5,380		5,316	
Grand Total,	<u>33,902</u>		<u>34,369</u>	

(c) Pupils examined at Revisits :—

Number examined at 1st Revisit,	7,348	7,593
„ „ 2nd „	5,319	6,818
„ „ 3rd „	1,330	1,692
„ „ 4th „	63	—
	<u>14,060</u>	<u>16,103</u>

(d) Examination of Students in Preliminary Training :—

	1937-38.	1936-37.
Entrants, ...	21	25

(e) Examination of Physically and Mentally Invalid Children in attendance at Special Classes :—

1. Physically Invalid, ...	674	701
2. Mentally Invalid, ...	320	308

(f) Special Examination of Physically and Mentally Invalid Children :—

1. Physically Invalid, ...	856	739
2. Mentally Invalid, ...	75	79

(g) Special Examination of Irregular Attenders :—

Number Examined, ...	89	184
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	1937-38.	1936-37.
(h) Examination of Children under Employment of Children Act (1903) :—		
Number Examined,	802	734
(i) Examination of Adult Blind Persons (Blind Persons Act, 1920),	4	2
(j) Examination of Members of the Education Committee's Staff,	21	28
(k) Examination of Necessitous Children (Malnutrition, Boots, etc.),	798	699
(l) Children and Young Persons (Scotland) Act, 1937,	63	93
(m) Pupils for Residential Domestic Training,	204	337
(n) Pupils at Junior Instruction Centres, ...	370	—
(o) Central Council for the Care of Cripples, ...	462	—
(p) Examination for Entry to Air Force, ...	7	—

SUMMARY OF CHILDREN DEALT WITH UNDER THE SCHEME OF TREATMENT.

1. Dental Treatment :—	1937-38.	1936-37.
Number of Children Dentally Examined,	85,544	77,000
Number of Children Notified,	51,966	45,281
Number of Children Dentally Treated, ...	24,578	22,004
2. Visual Treatment :—		
Number of Children Treated by the Ophthalmic Surgeons,	2,929	3,118
Number of Children Re-examined by the Ophthalmic Surgeons,	5,906	4,984
Number of Attendances at the Ophthalmic Clinics,	8,835	8,102
3. Ear, Nose and Throat Treatment :—		
Number of Children Treated by Nose and Throat Specialists,	663	588
Number of Attendances at Treatment Centres,	1,591	1,497
4. Treatment of Minor Ailments :—		
Number of Children Treated,	12,714	11,910
Number of Attendances made,	77,274	72,603
5. Clinics attached to Special Schools :—		
Number of Attendances made,	24,514	25,543

(B) NUMBER OF CHILDREN NOTIFIED TO PARENTS AS
SUFFERING FROM DISABILITIES.

The total number of *children* notified as suffering from some disability of a remediable nature during the past year was 9,978, and the total number of *disabilities*, exclusive of defective teeth, was 13,675. Of the children notified, 2,925 were on account of unsatisfactory clothing, footgear, or personal cleanliness, that is, 29·3 per cent. of the total number. In future reports these so-called "defects" which cannot properly be regarded as constituting a physical disability will form a separate classification. Thus, a more accurate picture of the health of the pupils will be afforded.

In regard to the physical disabilities discovered, the great majority were of a minor nature, but which, if untreated, might well have developed into a more serious condition. Thus, every case of impetigo, all septic conditions of the skin, wax accumulation in the ears, inflammation of eyelids, etc., even of small degree, were brought to the notice of the parents with the same regularity as conditions of a more serious nature.

In the matter of nutrition, it is very satisfactory to report that, at routine examination, only 119 children were notified to the parents as suffering from malnutrition, *i.e.*, 0·04 per cent. ; 4·7 per cent. were somewhat below par ; and 95 per cent. were of average, or above average, nutrition.

Whilst on the subject of nutrition, it may be of interest to give the statistical figures of the "milk in schools" scheme for the various months of the year.

The following table shows the average number of children who partook of milk daily in school during each month of the year. Comparative figures for the year 1936-37 are also given.

Month.			1937-38.	1936-37.
September,	...	...	35,525	35,611
October, ...	...	...	35,093	36,672
November,	...	...	34,151	25,218
December,	...	...	33,404	34,108
January, ...	...	...	32,977	31,419
February,	...	...	35,907	34,727
March, ...	...	...	36,324	35,061
April, ...	...	...	36,200	36,463
May, ...	...	...	37,358	36,655
June, ...	...	...	36,873	36,154

Considering that the number of children on the register at school is more than 2,000 fewer than for the previous year, the number of milk participants does not show any decline. Indeed, from January to the end of the session there is, on the whole, a definite comparative increase. The figures show the usual seasonal decline from October to the beginning of February, a decline that is rather paradoxical in that it occurs during the season of the year when the milk ration is most needed. It would appear that it is during the winter months that propaganda is most urgently required.

The scheme, although it has lost some of its early glamour, is a success and continues to be smoothly and effectively administered in school.

Reference to statistical tables (D-X) shows the conditions most frequently met with amongst school children with the percentage of pupils affected. In the matter of heart disease, there is a slight, but encouraging, fall in the percentage of acquired heart trouble as also in functional heart disorder. In regard to visual conditions, there is again a definite improvement in the eyesight of the scholars, the percentage of children with "good" vision being 78·5, as compared with 76·7 for the previous year. "Fair" vision cases also show improvement. External eye diseases—blepharitis, conjunctivitis, opacities, squint, etc.—all show a decline in percentage of incidence.

It will be observed that no actual case of pulmonary tuberculosis was discovered during routine examination. Chronic bronchitis was still fairly marked, although slightly better in percentage than the previous year. One condition which may be said to be disappearing rapidly is rickets, and it is now a rare occurrence to encounter the distorted limbs due to this disease which, in the not distant past, were such a common spectacle on the streets. Only 7 cases of really marked rachitic deformity were discovered in the routine examination of 28,522 school children, a percentage (0·025), and slight evidence of the disease was found in only 1·1 per cent.

Congenital malformations and certain of the acquired deformities, such as those resulting from infantile paralysis, have not yielded uniformly good results from treatment, although great advances in this respect have been made in recent years by orthopaedic surgeons, and where function cannot be restored, modern appliances can now greatly minimise the handicap. When one considers what great strides have been made in orthopaedic surgery, one is encouraged to visualise a time when it will be possible to correct practically every

deformity, short of actual loss of a member, and to restore full function to an impaired limb. Meantime, a crippled child will remain a silent reproach and challenge to the medical profession.

Dental defect, which stands in a category by itself, so prevalent is the condition, was found, on examination by the dental surgeons, to be present in 51,966 cases out of 85,544 children examined, and in every instance intimation of the condition and an offer of treatment were sent to the parents. For a detailed account of the dental survey of the pupils and the remedial measures undertaken, see pages 48-54 of this Report.

(C) NUMBER OF CHILDREN WHO RECEIVED ATTENTION, EXCLUSIVE OF DEFECTIVE TEETH.

Of the 9,978 children notified as requiring attention (including all cases of uncleanliness, unsatisfactory footgear and clothing and subnormal nutrition), 6,221, or 62·3 per cent., were found, on later examination, to be cured or under treatment. As has been stated in previous reports, no mere hearsay evidence of cure is accepted, and the medical officers have to be personally satisfied that treatment has been obtained or cure effected before he notes the fact on the child's record. Table B shows in detail the various conditions notified and remedied.

(D) CLOTHING.

Systematic Cases.							Special Cases.
Number Examined.	Insufficient.		In need of Repair.		Dirty.		Number found Defective.
	Number	Per cent.	Number	Per cent.	Number	Per cent.	
28,522	30	·105	408	1·430	915	3·208	180

Also recorded " Overclad " 137 ; percentage ·480.

(E) FOOTGEAR.

Systematic Cases.			Special Cases.
Number Examined.	Unsatisfactory.	Percentage.	Number found Unsatisfactory.
28,522	406	1·423	19

(F) AVERAGE HEIGHTS AND WEIGHTS.

BOYS—AVERAGE HEIGHT IN INCHES.

Average age in years, ...	6½	9½	12½
County of Lanark Average,...	44.7	51.6	56.1
Anthropometric Standard, ...	44.1	50.7	56.0
Difference,	+0.6	+0.9	+0.1

GIRLS—AVERAGE HEIGHT IN INCHES.

Average age in years, ...	6½	9½	12½
County of Lanark Average,...	44.4	50.9	57.0
Anthropometric Standard, ...	43.6	50.0	56.8
Difference,	+0.8	+0.9	+0.2

BOYS—AVERAGE WEIGHT IN LBS.

Average age in years, ...	6½	9½	12½
County of Lanark Average,...	47.6	65.6	80.1
Anthropometric Standard, ...	47.0	64.9	79.4
Difference,	+0.6	+0.7	+0.7

GIRLS—AVERAGE WEIGHT IN LBS.

Average age in years, ...	6½	9½	12½
County of Lanark Average,...	45.6	60.2	81.0
Anthropometric Standard, ...	44.8	59.3	80.2
Difference,	+0.8	+0.9	+0.8

(G) (1) CLEANLINESS OF HEAD.

Systematic Cases.					Special Cases.
No. Examined.	Nits (including Dirty).	Per cent.	Verminous.	Per cent.	No. found Defective.
28,522	2,849	9.989	311	1.090	457

(G) (2) CLEANLINESS OF BODY.

Systematic Cases.					Special Cases.
No. Examined.	Dirty.	Per cent.	Verminous.	Per cent.	No. found Defective.
28,522	1,105	3.874	63	.221	207

(H) (1) CONDITION OF SKIN—(HEAD).

Systematic Cases.									Special Cases.
No. Examined.	Ring-worm	Per cent.	Impetigo	Per cent.	Favus	Per cent.	Other Diseases	Per cent.	No. found Defective.
28,522	—	—	96	·337	—	—	91	·319	119

(H) (2) CONDITION OF SKIN—(BODY).

Systematic Cases.									Special Cases.
No. Examined.	Ring-worm.	Per cent.	Impetigo	Per cent.	Scabies.	Per cent.	Other Diseases.	Per cent.	No. found Defective.
28,522	2	·007	138	·484	71	·249	885	3·103	574

(I) NUTRITION.

Systematic Cases.							Special Cases.
No. Examined.	Average and above Average.		Below Average.		Very Bad.		Number found Defective
	Number	Per cent.	Number	Per cent.	Number	Per cent.	
28,522	27,095	94·996	1,337	4·688	90	·315	142

(J) TEETH.

The dental inspection of all pupils, irrespective of age, is now conducted by the school dental officers. A full account of their findings constitutes a separate section of this Report. (See pages 48-54.)

(K) (a) NOSE.

Systematic Cases.							Special Cases.
No. Examined.	Catarrh.		Obstruction.		Other Diseases.		Number found Defective
	Number	Per cent.	Number	Per cent.	Number	Per cent.	
28,522	1,405	4·926	230	·806	44	·154	177

(K) (b) THROAT.

Systematic Cases.											Special Cases.
Number Examined.	Tonsils.				Adenoids.				Other Diseases.		Number found Defective.
	Slightly Enlarged.		Markedly Enlarged.		Probably Present.		Present.		Number.	Per cent.	
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.			
28,522	6,187	21·692	1,940	6·802	1,074	3·765	633	2·219	119	·417	828

(K) (c) LYMPHATIC GLANDS (SUBMAXILLARY AND CERVICAL).

Number Examined.	Systematic Cases.								Special Cases. Number found Defective.
	Palpably Enlarged.		Markedly Enlarged.		Suppurating.		Cicatrices.		
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
28,522	3,264	11.444	92	.323	8	.028	276	.968	83

(L) EXTERNAL EYE DISEASES.

Systematic Cases.											Special Cases.
Number Examined.	Blepharitis.		Conjunctivitis.		Corneal Opacities.		Strabismus.		Other Diseases.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
28,522	707	2.479	184	.645	41	.144	840	2.945	181	.635	858

(M) VISUAL ACUITY.

Systematic Cases.							Special Cases.
Number Examined.	Good Vision.		Fair Vision.		Bad Vision.		
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
*19,651	15,423	78.485	3,808	19.378	420	2.137	1,037

* Infant Children not included.

(N) EARS.

Systematic Cases.							Special Cases.
Number Examined.	Otorrhœa.		Wax.		Other Diseases.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
28,522	287	1·006	173	·607	56	·196	167

(O) HEARING.

Systematic Cases.					Special Cases.
Number Examined.	Slightly Deaf.		Markedly Deaf.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	
28,522	252	·884	48	·168	73

(P) SPEECH.

Systematic Cases.					Special Cases.
Number Examined.	Defective Articulation.		Stammering.		
	Number.	Per cent.	Number.	Per cent.	
28,522	209	.733	65	.228	89

30

(Q) MENTAL CONDITION.

Number Examined.	Systematic Cases.				Special Cases.	
	Dull or Backward.		Mentally Defective.		Dull or Backward.	Mentally Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Number.
28,522	361	1.266	72	.256	54	57

(R) HEART AND CIRCULATION.

Systematic Cases.							Special Cases.		
Number Examined.	Organic.				Functional.		Anæmia.	Number found Defective.	
	Congenital.		Acquired.		Number.	Per cent.			
	Number.	Per cent.	Number.	Per cent.					
	28,522	29	·102	184	·645	473			1·658

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(S) LUNGS.

Systematic Cases.							Special Cases.
Number Examined.	Chronic Bronchitis.		Tuberculosis.		Tuberculosis Suspected.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
28,522	886	3·106	—	—	1	·004	117
					46	·161	

(T) NERVOUS SYSTEM.

Systematic Cases.								Special Cases.	
Number Examined.	Epilepsy.		Chorea.		Infantile Paralysis.		Other Diseases.		
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.		Per cent.
28,522	19	.066	14	.049	48	.168	100	.351	93

(U) TUBERCULOSIS (NON-PULMONARY).

Systematic Cases.										Special Cases.	
Number Examined.	Glandular.		Bones and Joints.		Abdominal.		Skin.		Other Forms.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
28,522	11	.039	22	.078	3	.011	3	.011	1	.004	15

(V) RICKETS.

Systematic Cases.					Special Cases.
Number Examined.	Slight.		Marked.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	
28,522	311	1.090	7	.025	24

33

(W) DEFORMITIES.

Systematic Cases.					Special Cases.
Number Examined.	Congenital.		Acquired (Non-Rachitic).		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	
28,522	123	.431	339	1.189	109

(Y) OTHER DISEASES OR DEFECTS.

In addition to the foregoing tabulated disabilities discovered during the course of routine inspection, a considerable number of other conditions, less common but no less important, were met with. In every case where it was considered advisable to draw the parents' attention to the condition a special note was sent home or, it may be, the parent was requested to interview the medical officer. Of particular interest were 79 cases of enlarged thyroid gland, 56 of rheumatism, 8 of inguinal and 1 of femoral hernia, 6 of hypothyroidism, 4 of undescended testicles, 4 of suspected chronic appendicitis, 4 of diabetes mellitus, 3 of jaundice, 3 of nephritis, 124 of enuresis, 20 of obesity, 16 of thread worms, 4 of synovitis, 4 of fracture, 1 of colour blindness, 2 of periostitis (jaw), 3 of cyst, 3 of stomatitis, 4 of tape worm, 1 of Perthe's disease, 2 of cyclical vomiting, 2 of arthritis, 1 of Reynaud's disease, 1 of enlargement of spleen, 1 of papilloma (tongue), 1 of suspected pyloric stenosis, 3 of bursitis, 3 of mastitis, 2 of ganglion, 1 of gingivitis.

VIII.

SPECIAL SCHOOLS AND CLASSES.

1. PHYSICALLY INVALID CHILDREN.

The Committee has four schools specially devoted to the education of physically invalid children. These are as follows :—

Drumpark, which serves the parishes of Old and New Monkland (including the Burghs of Coatbridge and Airdrie) and the Shettleston district of Cadder parish.

Dalton, which serves the parishes of Cambuslang, Blantyre, and East Kilbride, and the Burgh of Rutherglen.

Woodburn, which serves the Burgh of Hamilton and the parishes of Dalserf and Hamilton.

Knowetop, which serves the Burgh of Motherwell and Wishaw ; the parishes of Dalziel and Cambusnethan ; the Newarthill and Carfin districts of Bothwell parish ; the Allanton, Shotts and Cleland districts of Shotts parish, and Law district of Carlisle parish.

In regard to Knowetop Special School, the large extension which was made to the building two years ago permits of more invalid children being admitted and arrangements have now been made for the collection of invalid children in the Uddingston, Bellshill, and Holytown districts of Bothwell parish. This arrangement will commence at the beginning of the session 1938-39. The Committee have also approved of the building of a new special school at Auchinraith, Hamilton. This will replace Woodburn Special School, and, being considerably more commodious, will permit of children being admitted from a much wider area than at present. It is expected that the new school will be completed in 1940.

X

INFECTIOUS OR CONTAGIOUS DISEASE TABLE.

The following Tabular Statement shows the number of Scholars excluded from attendance at School by the School Medical Officers, the disease or cause for which exclusion was necessary, and the various Sanitary Areas in which the conditions occurred :—

SANITARY AREA.	Mumps.	Ringworm.	Scabies.	Impetigo.	Epidemic Conjunctivitis.	Other Eye Conditions.	Pulmonary Tuberculosis.	Glandular Tuberculosis.	Lupus.	Abdominal Tuberculosis.	Scarlet Fever.	Measles.	Chickenpox.	Diphtheria.	Whooping Cough.
COUNTY	6	11	354	90	14	2	—	5	1	—	—	1	20	3	3
BURGHS—															
Airdrie	3	11	83	51	12	3	—	1	—	—	—	—	12	—	—
Biggar	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Coatbridge	—	9	72	41	11	—	—	—	—	—	—	—	1	—	—
Hamilton	6	4	185	18	7	—	—	1	—	—	—	—	1	1	—
Motherwell, Wishaw	7	2	103	46	9	2	—	—	—	—	—	—	6	—	1
Lanark	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Rutherglen	9	—	9	4	9	2	—	1	—	—	—	1	10	3	1
TOTAL	31	37	806	250	62	9	—	8	1	—	—	2	50	7	5

The total number of physically invalid children on the roll of the four special schools as at 31st July, 1938, was **674**. Thus, Drumpark, 220 ; Dalton, 163 ; Woodburn, 169 (which includes 30 deaf-mute pupils) ; Knowetop, 152.

In addition to the foregoing, a considerable number of physically invalid children are receiving education at certain residential institutions. Thus :—

St. Vincent's Institution for the Blind and Deaf-Mutes,	
Tollcross,	22
Edinburgh Royal Blind School,	15
Edinburgh Royal Deaf and Dumb Institution, ...	16
Donaldson's Hospital, Edinburgh (Deaf-Mutes), ...	2
Eastpark Home for Infirm Children, Glasgow, ...	14
Colony for Epileptics, Bridge of Weir,	3
Langside Deaf-Mute School, Glasgow,	1
	<hr/>
Total,	73
	<hr/>

During the past year, **146** children, after attending for varying periods at one or other of the Committee's special schools, were found to have been completely restored to health or to be sufficiently recovered to permit of their resuming ordinary school attendance. In either case parents were instructed to enrol their children at an ordinary school immediately they ceased attendance at the special school. The fact that 146 children were able to leave the special schools in a good state of health is an excellent testimonial to the curative aspect of these schools and should be a complete refutation of the charge that once a child enters a special school he has little chance of being returned to ordinary school attendance. It cannot be too strongly emphasised that no physically invalid child is retained at a special school for a week longer than is considered necessary in the interests of his health, and it is well that all parents—and teachers—should understand this.

2. MENTALLY INVALID CHILDREN.

At each of the Committee's special schools provision is made for the education of mentally invalid or retarded children. The total number of such pupils on the roll as at 31st July, 1938, was **320**. Thus :—Drumpark, 117 ; Dalton, 64 ; Woodburn, 69 ; Knowetop, 70.

In addition to the foregoing, 8 mentally invalid children received education in certain certified institutions. Thus :—Larbert Institution, 2 ; Birkwood Institution (Lesmahagow), 3 ; St. Charles' Institution (Carstairs), 3.

Each of the Committee's four special schools has an after-care centre which is organised and maintained by voluntary effort. These

centres are very efficiently conducted and are of inestimable benefit in maintaining supervision over those children who leave the special schools on attaining the age limit or whose attendance at the schools has been discontinued by special exemption. It is known that 15 mentally retarded children obtained suitable employment on leaving school during the past year.

3. BLIND AND PARTIALLY BLIND CHILDREN.

The education of blind children in the County is wholly carried out at residential institutions, viz., at St. Vincent's Institution, Tollcross, 3; and at the Royal Blind Asylum, Edinburgh, 15. The former institution is situated within the County and serves the needs of the Roman Catholic children, whilst the latter institution is the centre to which the children of Protestant parents are sent.

The number of blind children has greatly diminished in recent years, so much so, that in at least one institution the number of pupils may soon fail to justify the retaining of all the present teaching staff. The reason for the marked drop in the numbers of blind children is, undoubtedly, the stringent precautions now taken at birth all over the country and the stamping out of ophthalmia neonatorum which was the most prolific cause of child blindness. Accident, congenital conditions, and certain eye diseases will continue to take their toll, but, happily, the greatest scourge of all has now been brought under effective control.

At three of the Committee's special schools, viz., Drumpark, Dalton, and Knowetop, there are classes for the education of high myopes, that is, children who, not being blind, yet suffer from such an impairment of vision as to render them unsuitable to receive instruction at an ordinary school. All of these children are under the regular care of the Committee's ophthalmic surgeons. It is very gratifying to record that, in many instances where the condition was found to be progressing rapidly before admission to the special classes, the disease has been arrested by special school instruction, and, even in some instances, vision brought back almost to normal. When the ophthalmic surgeon is satisfied that the condition is completely arrested, the child is gradually re-introduced to instruction by usual school methods, and may even be sent back to an ordinary school. The number of children on the roll of these myope classes is 53.

4. DEAF AND DEAF-MUTE CHILDREN.

There are two centres within the Committee's educational area at which education of deaf or deaf-mute children is undertaken, viz., at Woodburn Special School, Hamilton, and at St. Vincent's Institution, Tollcross. The former is a day school only, but the latter is a residential school. Where attendance at Woodburn Special School is not convenient, for geographical or other reasons, the children of Protestant parents are sent for education either to the Edinburgh Royal Deaf and Dumb Institution or to Donaldson's Hospital, Edinburgh. The former of these institutions has a nursery department

and every endeavour is now made to persuade parents to have their deaf or deaf-mute children sent there when they reach the age of three years. The earlier a deaf-mute child comes under the care of the institution the more promising are the results. The difficulty has been to convince the parents of this, but the response is now much more encouraging.

The number of deaf or deaf-mute children in this County at present being educated at these schools is as follows :—

At Woodburn Special School, Hamilton,	30
At Edinburgh Royal Deaf and Dumb Institution,	16
At Donaldson's Hospital, Edinburgh,	2
At St. Vincent's Institution, Tollcross,	19
Total,	<u>67</u>

Of the physically invalid children who left school either on attaining the age limit or by special exemption, **21** are known to have been placed in suitable employment. It is a rather curious fact that, proportionately, more mentally retarded children obtain employment on leaving school than physically invalid children. One reason for this may be that the former are very often physically robust, and although lacking in mentally alertness they can undertake work requiring considerable physical effort.

IX.

ARRANGEMENTS FOR PHYSICAL EDUCATION.

For a detailed account of the arrangements in force for the physical education of pupils, see Report for year 1929-30. In the matter of recreational facilities, there has been a steady and progressive increase in the number of school playing fields and organised games have, consequently, been largely developed. Inter-school sports are now a regular feature in all districts and a healthy emulation is thereby engendered. The number of public baths, also, has increased considerably in recent years, and wherever such are established, arrangements are made by the Committee for the swimming pond to be made available for the school children. Indeed, many schools have their swimming clubs organised in the same manner as their football and hockey clubs and inter-school matches are arranged. Life-saving classes are also a feature of certain of the clubs.

It might not be inappropriate in connection with this section of the Report to give a brief outline of the steps taken by the Committee in inaugurating holiday camps for pupils. The desirability of providing such camps had been recognised for some time, and in May of this year a scheme for their provision was approved by the Committee. As the month chosen for the camps was July, the time available for preparation was short, but a sub-committee, with full powers, was

appointed to proceed forthwith with the arrangements. Although this was the Committee's first venture in matters of this kind and a mass of preliminary work had to be attended to, yet so expeditiously were the various details attended to that it was possible to open two holiday camps at the beginning of July, fully equipped and staffed.

The Committee decided to establish one camp for boys and one for girls, the sites being Leadhills and Douglas, respectively, and it was agreed that a week's holiday should, for the first year at anyrate, be the period allotted to each child. The selection of the pupils who were to participate in the scheme was left, in the first instance, with the teachers of certain schools, twenty-five in number, all situated in the most densely populated districts, the only general instruction given to the teachers being that they were to choose pupils who seemed most needful of a holiday, and who, owing to home circumstances, were not likely to have a holiday apart from the Committee's scheme.

All of the children nominated were then carefully medically examined by one of the school medical officers, and where it was found necessary to eliminate, on medical grounds, any child as unsuitable for holiday camp life, a substitute was arranged for. A second medical examination was made of each camper the day, or, at most, two days prior to his or her departure for camp, so as to ensure, as far as humanly possible, that no case of infections or contagious disease was present amongst the children.

During the whole periods of residence at the camps, a weekly visit was paid by one of the school medical officers and a general supervision of the sleeping quarters, dining rooms, sanitary arrangements, etc., maintained.

The following extract from the report by the Director of Education will give a general survey of the scheme and indicate the success which attended it :—

“ In accordance with the scheme submitted to and approved by the Medical Services Sub-Committee, Leadhills Camp was set apart for boys and Douglas Camp for girls, and the children, numbering 100 boys and 100 girls, were taken from the schools in the large centres of population. The selection of the children from the 25 schools chosen presented not a little difficulty, in view of the short time available, but, by a process of elimination and the adoption of certain broad principles, it was possible, with the helpful co-operation of the head teachers, to complete the selection of the children within a week or so of the opening of the camps. The children were chosen from the 11 to 12 age group, and those selected were the pupils who seemed most in need of a holiday, and who, owing to home circumstances, were not likely to have a holiday otherwise.

“ It was the intention that the supervision of the campers should be undertaken by teachers from the same schools as the children, but this was found to be impracticable as, owing to the short notice, many of the schools were unable to supply volunteers, and it was not without an extensive appeal that the required staff of three supervisors at each camp each week was recruited. On this question of supervision, it was felt, in the course of planning the organisation of the camps, that there should be someone in complete charge in whom would reside the ultimate responsibility for the conduct, control and discipline of the camp, and the Holiday Camps Sub-Committee accepted with pleasure an offer from Mrs. MacGregor, head teacher of Dalton Special School, to act as Superintendent of the Douglas Camp during the whole month. At Leadhills the Superintendent for the first two weeks was Mr. Herbison, of Harthill School, who had had a wide experience of school children's holiday camps, and Mr. Dick, Low Blantyre School, who, at some personal sacrifice, took over the Superintendentship for the last fortnight.

“ In organising the camps every endeavour was made to ensure the comfort and enjoyment of the children, and, while due regard was had to expenditure, no effort was spared to secure for the pupils and staff comfortable conditions of board and lodging. The dietary received particular attention and the meals provided were wholesome and appetising.

“ Leadhills proved an ideal *locus* for the boys' camp. Tramping amongst the hills—under the care of the supervisors, of course—was a favourite recreation, and the collection of mineral specimens and panning for gold were pursuits which caught the imagination of the boys. Douglas, totally different in its topography, was a happy choice for the girls, and the school itself was found to be exceedingly well adapted for a children's camp. While discipline had to be observed, the ‘ school atmosphere ’ was entirely absent from the camps, and there existed between pupils and teachers a real spirit of comradeship. At both camps, facilities for outdoor games were available, and, in the evenings or on wet days, the indoor games included in the camp equipment gave much enjoyment. These comments would not be complete without a reference to the excellent behaviour of the children, which was reflected in the interest in their welfare shown by the local people. That the children appreciated the holiday—for most of them the first in their lives—there can be no doubt, and the end of the week came all too soon. Many of the parents have expressed their gratefulness and the following quotation from a letter received cannot but give the feeling that something worth while has been done :—

‘ My boy came home full of energy and happiness—also knowledge—at the delightful time he had at camp. I believe every child was very well cared for. The visitors and staff could not do enough for them.

‘ This is just a mother's thanks in appreciation of the delightful time you gave our children.’

“For the success of the camps, tribute must be paid to the staff of supervisors, who, without exception, devoted themselves wholeheartedly to the interests and the care of the children, and it is chiefly to their credit that the camps ran their course with complete freedom from accidents. For the cooks no praise is too high, and the choice of women for the posts proved to be exceedingly fortunate. At both camps the cooks showed commendable enthusiasm in their work and the quality of meals prepared by them contributed in no small measure to the enjoyment of the children.”

X.

ARRANGEMENTS FOR FEEDING CHILDREN.

The arrangements for the supplying of food to school children have been fully explained in previous reports. At the Committee's special schools all children are given a forenoon snack of biscuit and milk and a two-course hot mid-day meal, all meals being cooked on the premises. The total number of hot meals provided during the year was **153,132**.

The Committee's scheme for providing hot mid-day meals to children attending ordinary schools in No. 6 School Management Area—the area selected for trying out the scheme—is nearing completion, and will, in all probability, come into force early next session.

In addition to providing meals to all children who are necessitous in terms of Section 6 of the Education (Scotland) Act, 1908, a considerable number of children (**83**) have been granted tonic food for varying periods. All such children are, of course, examined by the school medical officers before the tonic food (usually cod liver oil and malt extract) is sanctioned.

The practice of giving tonic food to practically all physically invalid children in attendance at the special schools still continues.

XI.

ARRANGEMENTS FOR MEDICAL TREATMENT.

The Committee's scheme of treatment of school children embraces visual, dental, ear, nose and throat, and minor ailments treatment. All of these branches of treatment continue to be efficiently conducted as may be seen from the special sections of this report which deal with the respective activities. The dental department of the scheme has been extended by the appointment of an additional full-time dental officer and the opening of a new clinic at Wishaw for the treatment of minor ailments at the beginning of the present year has been a marked success. In the near future two additional centres for the treatment of minor ailments will be opened, one at Coatbridge and one at Bellshill, both of which are densely populated areas.

TABLE A.—ALL PUPILS EXAMINED AT THE SYSTEMATIC EXAMINATION FOR THE
YEAR ENDED 31st JULY, 1938.

SCHOOL MANAGEMENT COMMITTEES.			SCHOLARS EXAMINED IN EACH GROUP.										* Conditions Notified.	Average Number of Scholars on Register.		
			Infants (6 years).		Age Group (9 years).		Seniors (12 years).		Higher Grade (16 years).		Selected Cases.				TOTAL.	
			Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.				
Number	1	...	...	53	63	67	66	64	64	6	7	53	56	499	137	1,165
	2	...	...	119	129	122	99	129	122	1	3	90	84	898	328	2,372
	3	...	...	236	242	264	247	261	261	17	11	108	91	1,738	424	4,911
	4	...	...	254	260	278	273	284	294	24	17	195	187	2,066	729	5,124
	5	...	...	199	137	182	213	171	167	4	1	104	86	1,314	799	3,511
	6	...	...	563	548	566	519	599	701	55	72	418	445	4,486	1,963	11,202
	7	...	...	334	359	363	311	327	292	3	3	190	181	2,363	1,052	6,307
	8	...	...	294	271	267	284	236	249	2	2	177	134	1,916	737	5,114
	9	...	...	474	470	552	481	402	422	13	10	244	277	3,345	1,440	8,877
	10	...	...	270	303	317	288	287	274	39	24	214	185	2,201	1,027	5,593
	11	...	...	360	398	388	439	505	522	62	35	266	244	3,219	1,629	8,661
	12	...	...	458	425	411	422	497	460	88	59	285	286	3,391	1,444	8,762
	13	...	...	579	581	578	642	787	738	161	84	280	280	4,710	1,446	12,911
	14	...	...	217	225	213	251	281	273	52	24	124	96	1,756	410	4,719
TOTAL			...	4,410	4,461	4,568	4,535	4,830	4,839	527	352	2,748	2,632	33,902	13,765	89,229

* Defective Teeth not included.

TABLE B.

SHOWING THE REMEDIAL MEASURES INSTITUTED.

SCHOOL MANAGEMENT. COMMITTEES.				Clothing and Footgear.		CLEANLINESS.						CONDITION OF SKIN.								NUTRITION		NOSE.		THROAT.				Lymphatic Glands.	External Eye Disease.	Squint.	Vision.	Ear Diseases, Wax, etc.	Hearing.	Heart and Circulation	Lungs.	Nervous System.	Tuber- culosis (Non-Pul- monary).	Other Conditions	Total Number of Children Notified.	Number of Children Receiving Attention.	Total Number of Conditions Notified.	Total Conditions Remedied.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
						Head.				Body.				Impetigo.		Ringworm.		Scabies.				Other Diseases.		Nasal Obstruction, etc.		Tonsils.																	Adenoids.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
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Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.

Ultra-violet ray treatment for certain selected cases has been freely given not only at the various County centres but also in the Burghs. At the County centres (Blantyre, Cambuslang, Larkhall and Shotts), 35 pupils received 981 exposures. The conditions for which the treatment was given were:—Adenitis (2), anaemia and debility (16), bronchitis (4), rickets (5), skin conditions (9), other conditions (4). A regular ultra-violet ray clinic for school children is conducted at Coathill Hospital, Coatbridge, and is attended every Friday afternoon by certain pupils of Drumpark Special School. At Airdrie and Motherwell cases are treated as they arise by arrangement with the Medical Officer of Health.

In connection with operative treatment of diseases of the ear, nose and throat, the treatment centre at Hamilton, which served a very populous area, was removed to Calderbank House, Baillieston, where better facilities for accommodating children, both prior to and subsequent to operation, are available. It has been found possible to arrange for six operating days there each month if necessary.

As will be seen from another section of this report (page 55) an additional centre for operative treatment of ear, nose and throat diseases has been established at The Lockhart Hospital, Lanark, through the courtesy of the Board of Directors of the Hospital. This centre commenced functioning early in the present year, and in course of time should become an important centre of operative treatment of school children for a large part of the Upper Ward of the County.

In addition to the various branches of the Committee's scheme of treatment, a considerable number of cases requiring orthopaedic measures were treated at certain public institutions, especially at The Royal Hospital for Sick Children, Glasgow, at Stonehouse Orthopaedic Hospital, Stonehouse, Lanarkshire, and at Glasgow Royal Infirmary. During the course of the year the Committee sanctioned the provision of special boots, splints, spinal jackets, etc., in 72 cases at a cost of £205 2s. 6d.

REPORT ON VISUAL TREATMENT.

The treatment of all cases requiring expert visual care continues to be conducted regularly throughout the whole educational area. The routine testing of a child's vision at school by the school medical officers, the referring of all cases requiring expert advice to the Committee's ophthalmic surgeons, the dispensing of the ophthalmic surgeons' prescriptions and the subsequent supervision of all children treated form a regular practice which varies little, if any, from year to year. Although the correction of errors of refraction occupy the major portion of the eye specialists' time, the work is saved from monotony by the appearance, every now and again, of a case presenting more than usual interest. The ophthalmic surgeon has to be constantly on the alert in order that an early symptom of a serious condition may not be overlooked, and, indeed, it is frequently at the eye clinic that the first discovery is made of commencing disease. Unsuspected

kidney trouble or commencing intra-cranial tumour has, on more than one occasion, been first diagnosed at the school ophthalmic clinic.

The opportunity afforded by the school clinic for impressing on parents and senior pupils the importance of care of the eyes is never missed, and, as will be seen from the eye specialists' reports, the results are exceedingly encouraging. Especially is this the case in the treatment of squint where parents are now discarding the old attitude of *laissez-faire* in favour of active remedial measures. Operative treatment to correct the disfigurement of a squinting eye is now frequently requested, especially in the case of girls, when glasses have failed to remedy the condition. In one instance, the patient, a girl of thirteen years, insisted on operative treatment being carried out in spite of opposition from both parents. Ultimately, parental consent was given, albeit grudgingly, and the operation was carried out in hospital with the happiest result.

The restoring of good vision, in some cases full normal vision, to a squinting eye is now by no means uncommon, provided the enthusiastic co-operation of child and parent is enlisted. One of the ophthalmic surgeons has been very fortunate in this respect, as is shown from the records in the annual report of 1936-37 and from the present report. In another case, there is the record of a girl, badly handicapped on account of high myopia, rising superior to her disability with the help of an intelligent and painstaking parent. But it is the consensus of opinion amongst all of the ophthalmic surgeons that full benefit from the treatment prescribed can rarely be expected if parents are indifferent in the matter. This is seen more particularly in the wearing of correcting glasses, which, in practically every case, should be worn constantly, whether at work or play.

The thanks of the Committee are due to certain of the eye hospitals in Glasgow, particularly the Glasgow Eye Infirmary, for the treatment of cases which cannot well be dealt with at a school clinic and for affording fuller investigation of certain difficult and obscure cases.

During the year under review, **2,929** children received a full ophthalmic examination by the Committee's eye specialists, and **5,906** children were re-examined, the total attendances at the various clinics amounting to **8,835**. Of the 2,929 cases fully examined, 2,606, or 88·9 per cent., were found to require correcting glasses. Those children for whom glasses were not prescribed either did not require them, their vision having been only temporarily disturbed, or their vision was too defective for glasses to be of any material benefit.

The accompanying statistical tables (Table C, D, E) show in detail the number of children treated, the number re-examined, the various conditions met with at the clinics apart from refractive errors, and the various types of refractive error from which the patients suffered.

In addition to the defects shown in Table D, a certain number of uncommon conditions were met with at the clinics, the most important of these being :—Congenital aniridia, aphakia, corneal birth injury, opaque nerve fibres, retinitis proliferans, microphthalmos, staphyloma of cornea, vulnus oculi, congenital word blindness, neuro-muscular anomalies, symblepharon, etc.

The following extracts are taken from the reports submitted by the ophthalmic surgeons on their work at the clinics during the past year :—

(DR. H. SOMERVILLE MARTYN).

CENTRES :

Abington, Airdrie, Baillieston, Bellshill, Biggar, Cambuslang, Carnwath, Lesmahagow, Rutherglen, and Dalton and Drumpark Special Schools.

For details of ophthalmic work at above centres see appended tables. Among the less common conditions other than refractive errors may be noted four of the more serious cases, viz., detachment of the retina, optic neuritis, staphyloma of the cornea (recommended to Glasgow Eye Infirmary for enucleation of the eye-ball), and a case of microphthalmos.

Convergent squints (exclusive of alternating) have again been the subject of special investigation. The total number of old and new cases coming under observation was 241. Of these, 97 do not lend themselves to comment on improvement of vision because either (1) they came under observation for the first time and no comparison with former visual acuity was possible ; or (2) though previously seen, no definite visual acuity could be recorded as they were too young to be familiar with the letters of the alphabet or too timid to speak. There is, therefore, a balance of 144 cases commented on as to the degree of improvement in visual acuity obtained by correcting lenses and blanking of the good eye.

These fall naturally into five groups :—

- (1) 8 cases in which no improvement was obtainable as full visual acuity had already been acquired.
- (2) 38 cases in which no improvement was observed.
- (3), (4), (5) cases improved in varying degrees :—
 - (3) Slight improvement, *i.e.*, by approximately one line of Snellen.
 - (4) Marked improvement, *i.e.*, by approximately two lines of Snellen.
 - (5) Very marked improvement, *i.e.*, all cases of over two lines of Snellen.

24 cases showed slight improvement ; 23 cases marked improvement ; and 51 cases showed very marked improvement. Class (1) calls for no comment, save that the ideal having been attained it affords encouragement for Class (2) who show no improvement. It may well be the case that a small percentage of those who show no improvement is incapable of improvement, but, if so, the percentage must be fractional (excluding, of course, cases where some lesion of the cornea, lens, or fundus is discernible and explanatory of the failure to improve). The main, if not the only, reason for failure is the fact that the treatment (blanking of the good eye and wearing of correcting lenses) is entirely dependent on the co-operation of parent and child and the too frequent admission that the treatment has not been carried out or has only been done occasionally (instead of daily, and, if possible, several times a day) is sufficient explanation of failure. The interested and anxious parent persists in spite of seeming failure to improve, and is ultimately rewarded by manifest improvement. The best cases in Class (5) illustrate this aptly. One case of less than 6/60 improved to 6/9 in two months, whilst another took five years to improve from 6/36 to 6/9.

Three cases improved from 6/36 to 6/9, one from 6/24 to 6/9, and, most remarkable of all, two cases able only to count fingers at a distance of one metre improved to 6/6.

It should be noted that two factors call for treatment in cases of strabismus, viz., the strabismus or squint and the defective visual acuity resulting therefrom. The squint sometimes disappears with the wearing of correcting lenses long before good visual acuity is obtained in the previously squinting eye, or, indeed, before any improvement in that eye is manifest. But the education of the defective eye towards full visual acuity is usually a slow and laborious process. Good binocular vision is the end in view. In this connection, it is worthy of note that cases on the point of reaching binocular vision sometimes complain of double vision. Parents are sometimes alarmed but the symptom is of good omen as being the first indication of fused vision.

I should like, in conclusion, to express my appreciation of the administrative arrangements for the work, the loyal and efficient co-operation of the nursing staff, and the usual facilities afforded by the Glasgow Eye Infirmary for cases requiring detailed investigation.

(DR. JOHN MORTIMER).

CENTRES :

Bishopbriggs, Blantyre, Carlisle, Chryston, East Kilbride, Lanark, Larkhall, Shotts, Strathaven, Uddingston, Wishaw, and Knowetop Special School.

That there has been a continued and steady response to the benefits provided by the Education Committee for the treatment of eye defects and diseases in school children is shown by the following figures in

VISUAL TREATMENT

TABLE C.—Showing (a) Total Number of Cases Examined ; (b) Number Revisited ; (c) Total Attendances at Clinic ; (d) Number Treated by Glasses ; (e) Number Treated Otherwise or Advised ; (f) Number Uncompleted and not requiring Treatment. Year ended 31st July, 1938.

TREATMENT CENTRE.	Number of Children Examined.	Number of Children Re-examined.	Total Attendances.	Number for whom Spectacles were prescribed.	Number Treated otherwise or Advised.	Cases uncompleted and Cases not requiring Treatment.
Dr. JOHN A. MORTIMER.						
Blantyre	75	118	193	63	12	—
Cadder (Bishopbriggs and Chryston)	119	158	277	104	15	—
Carlisle	69	68	137	60	9	—
East Kilbride	16	22	38	15	1	—
Lanark	59	108	167	53	6	—
Larkhall	128	346	474	118	10	—
Shotts	54	105	159	47	7	—
Strathaven	54	85	139	48	6	—
Uddingston	128	169	297	115	13	—
Wishaw	254	214	468	215	39	—
Knowetop Special School ...	12	43	55	9	3	—
Dr. H. SOMERVILLE MARTYN.						
Abington	7	11	18	7	—	—
Airdrie	291	417	708	263	22	6
Baillieston	100	233	333	87	9	4
Bellshill	202	614	816	174	25	3
Biggar	14	31	45	13	—	1
Cambuslang	142	347	489	118	17	7
Carnwath	24	38	62	24	—	—
Lesmahagow	52	131	183	44	5	3
Rutherglen	126	315	441	106	9	11
Dalton Special School ...	32	41	73	23	6	3
Drumpark Special School ...	28	95	123	22	3	3
Dr. JAMES HILL.						
Motherwell	335	655	990	319	16	—
Dr. JAMES R. WATSON.						
Coatbridge	255	738	993	242	13	—
Hamilton	353	804	1,157	317	36	—
TOTAL	2,929	5,906	8,835	2,606	282	41

VISUAL TREATMENT

TABLE D.

TABLE SHOWING CONDITIONS, OTHER THAN REFRACTION ERRORS, WHETHER TREATED OR ADVISED.

CLINIC.	Squint (Convergent).		Squint (Divergent).		Corneal Opacity.		Blepharitis and Conjunctivitis.		Phlyctenular Conjunctivitis.		Cataract.		Nystagnus.		Choroido-Retinal Changes (Myopic).		Do. other than Myopic.		Optic Neuritis.		Keratitis.		Congenital Dislocation of Lenses.		Hordolum.		Optic Atrophy.		Ptosis.		Pseudo Neuritis.		Ocular Paralysis.		Sequelae of Iritis.		Vitreous Opacities.		Congenital Coloboma of Iris, Lens, and Choroid.		Leucoma Adherens.		Detachment of Retina.		Squint (Alternating).		Pupillary Membrane.		Anophthalmos.		
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.							
Dr. JOHN A. MORTIMER.																																																			
Blantyre,	11	9	—	—	2	2	1	—	—	—	—	1	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	1	—	—	1	—	—		
Cadder,	13	9	—	—	3	3	1	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—		
(Bishopbriggs and Chryston)																																																			
Carluke,	3	5	—	—	—	1	—	1	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
East Kilbride,	2	2	—	1	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Lanark,	5	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Larkhall,	13	14	1	—	1	3	—	1	1	—	—	—	1	—	—	—	1	1	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Shotts,	11	6	2	—	2	3	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Strathaven,	6	3	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Uddingston,	14	18	1	—	3	5	—	1	—	1	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Wishaw,	23	27	—	—	3	5	2	7	—	1	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Knowetop Special School,	—	1	—	—	1	—	—	—	—	—	1	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—		
Dr. H. SOMERVILLE MARTYN.																																																			
Abington,	—	1	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Airdrie,	34	31	—	2	7	4	7	2	2	2	1	1	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Baillieston,	10	11	—	2	2	3	2	—	1	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bellshill,	29	26	2	3	4	4	3	6	1	3	1	—	—	2	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Biggar,	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Camuslang,	23	18	1	—	3	6	—	4	2	2	1	—	1	1	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Carnwath,	1	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lesmahagow,	5	5	—	1	—	—	—	2	—	—	2	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Rutherglen,	21	13	—	1	4	—	5	1	1	—	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dalton Special School,	5	—	—	—	3	—	2	—	1	1	2	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Drumpark Special School,	3	1	—	—	1	4	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dr. JAMES HILL.																																																			
Motherwell,	28	22	9	2	4	4	—	4	—	—	1	1	1	1	—	—	4	2	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dr. JAMES R. WATSON.																																																			
Coatbridge,	14	19	—	—	1	2	1	3	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hamilton,	22	18	—	—	2	1	1	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
GRAND TOTAL,	297	263	18	12	48	51	26	34	11	10	13	6	12	12	5	3	13	10	—	1	1	2	—	1	3	3	2	—	—	2	—	—	—	1	—	6	3	1	5	4	5	—	—	—	2	27	19	4	6	6	1

VISUAL TREATMENT.

TABLE E.

SHOWING THE NATURE OF THE REFRACTION ERROR IN THOSE CASES TREATED BY SPECTACLES, AND THE NUMBER OF CASES EXAMINED.

CLINIC.	1 Hypermetropia.				2 Hypermetropic Astigmatism (Simple and Compound).				3 Myopia.				4 Myopic Astigmatism (Simple and Compound).				5 Mixed Astigmatism.				6 Eyes not Requiring Correction or too Defective for Correction.				7 Cases not Completed.				TOTAL.	
	Boys.		Girls.		Boys.		Girls.		Boys.		Girls.		Boys.		Girls.		Boys.		Girls.		Boys.		Girls.		Boys.		Girls.			
	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	Boys.	Girls.
Dr. JOHN A. MORTIMER.																														
Blantyre,	8	10	8	11	10	9	17	13	2	1	5	3	5	5	6	7	3	4	1	1	7	6	3	5	—	—	—	—	35	40
Cadder,	19	14	16	14	21	26	16	18	14	12	6	6	2	3	7	7	3	2	2	3	6	8	7	6	—	—	—	—	65	54
(Bishopbriggs and Chryston)																														
Carlisle,	8	9	10	10	7	5	21	21	2	2	1	1	5	5	3	2	1	2	2	3	6	6	3	3	—	—	—	—	29	40
East Kilbride,	4	4	5	5	2	2	3	4	—	—	—	—	—	—	1	1	—	—	—	—	—	—	1	—	—	—	—	—	6	10
Lanark,	9	8	10	13	6	7	7	6	4	3	3	3	4	5	8	6	2	1	1	1	3	4	2	2	—	—	—	—	28	31
Larkhall,	22	25	20	22	21	18	25	23	4	4	7	8	6	6	7	6	3	3	3	3	4	4	6	6	—	—	—	—	60	68
Shotts,	11	13	7	7	12	9	11	11	—	—	—	—	3	4	2	2	—	—	1	1	4	4	3	3	—	—	—	—	30	24
Strathaven,	5	6	8	8	12	10	13	13	—	—	4	4	2	1	4	4	—	2	—	—	4	4	2	2	—	—	—	—	23	31
Uddingston,	16	17	21	19	20	19	25	27	2	2	13	13	3	2	15	13	—	—	5	3	2	3	6	10	—	—	—	—	43	85
Wishaw,	30	31	41	39	40	39	63	67	9	8	16	18	3	3	6	7	5	3	5	3	12	15	24	21	—	—	—	—	99	155
Knowetop Special School,	—	—	2	1	2	2	1	1	—	—	2	2	2	2	—	1	—	—	—	1	1	1	2	1	—	—	—	—	5	7
Dr. H. SOMERVILLE MARTYN.																														
Abington,	—	1	2	2	1	—	1	2	—	—	—	1	—	—	—	—	—	—	3	1	—	—	—	—	—	—	—	—	1	6
Airdrie,	36	24	12	10	69	80	58	61	11	15	16	13	16	13	23	23	11	10	11	13	10	10	12	12	3	3	3	3	156	135
Baillieston,	12	9	8	9	19	21	21	20	2	3	6	5	3	2	6	9	4	5	6	4	3	3	6	6	2	2	2	2	45	55
Bellshill,	21	13	15	16	33	39	46	42	3	4	11	10	11	9	16	20	4	7	14	14	15	15	10	10	—	—	3	3	87	115
Biggar,	—	1	2	2	2	2	2	3	1	1	1	1	3	2	1	—	1	1	—	—	—	—	—	—	—	—	1	1	7	7
Camuslang,	9	9	14	11	27	28	29	35	4	4	3	2	5	6	12	7	5	3	10	13	10	10	7	7	3	3	4	4	63	79
Carnwath,	7	8	6	7	4	2	2	1	2	2	—	—	1	2	—	—	1	1	1	1	—	—	—	—	—	—	—	—	15	9
Lesmahagow,	8	10	6	6	9	9	7	9	4	—	3	2	1	4	1	2	1	—	4	2	3	3	2	2	—	—	3	3	26	26
Rutherglen,	12	14	8	8	26	22	29	29	7	6	7	7	4	6	7	7	4	5	2	2	5	5	4	4	4	4	7	7	62	64
Dalton Special School, ...	7	6	—	1	5	6	4	3	—	—	1	1	4	4	2	2	—	—	—	—	5	5	1	1	2	2	1	1	23	9
Drumpark Special School,	—	2	1	1	10	9	2	4	—	1	—	1	3	2	3	1	2	1	1	—	1	1	2	2	—	—	3	3	16	12
Dr. JAMES HILL.																														
Motherwell,	72	68	59	60	40	49	70	68	14	16	18	18	15	8	14	15	8	8	9	11	7	7	9	7	—	—	—	—	156	179
Dr. JAMES R. WATSON.																														
Coatbridge,	28	26	21	19	60	62	67	72	9	11	22	15	3	2	11	14	9	8	14	13	8	8	3	5	—	—	—	—	117	138
Hamilton,	34	33	44	35	74	74	68	82	14	14	30	24	9	10	18	20	14	12	14	14	20	22	14	13	—	—	—	—	165	188
Total,	378	361	346	336	532	549	608	635	108	109	175	158	113	106	173	176	81	78	109	107	136	144	129	128	14	14	27	27	1,362	1,567

NOTE.—All the cases examined are included in this Table, whether Spectacles were prescribed or not. If no Spectacles were prescribed, the eyes are recorded in one or other of the Columns 6 or 7

the summary of work done throughout the past session. During that time in the above areas 968 children were examined and treated and 1,436 were re-examined.

Though the work of the school ophthalmic surgeon is, in large measure, routine, consisting in the correction of errors of refraction, yet it allows of the study of children in the mass, and one is thus able to accumulate new information on the earlier manifestation of disease and to gather new knowledge on already well-known conditions.

The writer wishes to say a few words on the problem of myopia, which is of more than ordinary difficulty. What is known of myopia, its progress and its attendant dangers to sight? Myopia must be regarded as a definitely pathological state for it means a transference from the normal hypermetropia of infancy to a faulty focus and is largely due to undue stretching of the developing eye.

If one accepts the condition as a pathological entity, the question of aetiology is at once raised. Many theories have been propounded, and there is a direct conflict of opinion on the same facts. It is a conflict on the one hand between the dominant influence of heredity in the production of myopia, and, on the other hand, a lack of general health and hygiene inasmuch as a weakly constitution predisposes both to myopia and various other diseases, and that extraneous factors are capable of provoking both myopia and various other diseases. Most likely both causes are responsible in the production of myopia—the first predisposing and the second aggravating.

The treatment of myopia, therefore, must be considered from two aspects:—*First*, if one accepts heredity as the main cause, there is little to be done except by becoming the member of a Eugenic Society. If the second is accepted, then there is a much larger field for preventive measures. The work of the school ophthalmic surgeons is mainly directed to these preventive measures, but in doing so, he must not develop into a myopia crank. The writer would wish to point out that, as regards treatment, myopia should not in the first instance be regarded as a disease, but it is important to determine when it is passing into a pathological entity. There can be no general standard in diopters of myopia laid down above which a myope should be excluded from its normal educational training or be prevented from competing for higher educational posts, but there should be accepted a definite visual minimum after correction with spectacles. One must remember that education in the myope class cannot compare with the ordinary school, and, therefore, great care must be taken in considering the transference of a myopic child to the myope class. Many of these myopic children are very intelligent and should not, without great consideration, be deprived of the advantages of a higher education. It is interesting to cite the case of a girl who had considerable myopia and who, under advice and the great care of her father, has now passed the higher leaving certificates for University entrance. Her myopia has remained steady during the past three or four years, and during that time her studies were carried out by her

father reading her work for her and practical work was done on a blackboard at home. Attention was also given to her general physical condition during this period. Her University studies will be largely conducted on the same lines. A younger sister also shows progressing myopia and her higher education has been started now on the same lines. Great credit is due to a determined and sacrificing parent. This, perhaps, is an exceptional case of an exceptional girl and parent, but it shows what can be done in the way of higher education without deterioration of vision or increase of the myopia if suitable methods and guidance are perseveringly carried out. The writer, therefore, would make a plea for the consideration of the teaching of higher education on similar lines to suitable myopic children.

Many interesting cases of intraocular disease, referred to the writer at the Glasgow Eye Infirmary by the Education Committee's ophthalmic surgeons, have been investigated and treated during the past session. He has also carried out there a considerable number of operations on children from the County who have required operative treatment.

(DR. JAMES R. WATSON).

CENTRES :

Coatbridge and Hamilton.

The work at the Coatbridge and Hamilton clinics has gone on smoothly during the past session.

In Hamilton the new cases dealt with were 353 and the revisits 804—a total of 1,157.

In Coatbridge the new cases were 255, revisits 738—making a total of 993.

The various conditions dealt with occurred very much in their usual proportions, the hypermetropes far out-numbering the myopes and the girls exceeding in number the boys. In Hamilton there was a fair number who were not considered to be requiring spectacles. In some of these cases the vision found was much better than at the school examination, this being due, I think, to some of them being examined when tired out.

The myopic cases have again been closely watched at the revisits, and last year, judging from a comparatively small number, the tendency for them to advance seemed much greater than this year when larger numbers are taken into account. In Hamilton, out of 396 myopic eyes (including all requiring a myopic lens whether simple myopia, myopic astigmatism or mixed astigmatism), 42 only showed any sign of advance in degree, *i.e.*, about 10·6 per cent. In Coatbridge, out of 263 such eyes, only 33 showed such tendency, *i.e.*, about 12·5 per cent.

In the two clinics combined, out of 584, 75 showed signs of advance, *i.e.*, about 11·4 per cent. This seems very satisfactory as many of these pupils are growing rapidly and many are studying hard, and, after all, many of these advances are only slight—under one dioptré. The necessity of constant wearing of spectacles is strongly impressed on all these cases.

The improvement among the strabismus cases this year has been specially marked, some improving from 6/60 or less to 6/6 in a very few months.

I have again to record my appreciation of the work and help of the nurses at the clinics.

(DR. JAMES HILL).

CENTRE :

Motherwell.

The work of the Motherwell Clinic is now carried out at specially equipped premises at Glencairn School. Here one is free from the disturbing noises of class work in adjacent rooms, and from the clangour of changing classes which detracted from the otherwise pleasant atmosphere of Dalziel School. The waiting room, though small and inclined to be overcrowded on "revisit" days, is very much better than the rather draughty school hall in which parents and children had to wait their turn. The new premises enable the work to be carried out more pleasantly, more expeditiously and more efficiently.

The total number of cases seen again shows an increase over that of the previous year, the vast majority being cases of hypermetropia with or without astigmatism. Several cases of rarer eye conditions were encountered, including four cases of inco-ordination of eye movements in a particular direction not due to paralysis. One case of double congenital dislocation of the lens was seen and referred to one of the writer's colleagues at the Glasgow Eye Infirmary who has special experience in such cases, with a view to operation.

In the last two reports, the writer has advocated the provision of orthoptic treatment for the squinting child. The difficulties of organising such a service in scattered areas, or of transporting cases to a suitable centre for repeated examinations are, of course, obvious, and there seems to be a wide gap between the desirable and the practicable in this matter. Nevertheless, there appears to be some hope for the possible institution of orthoptic training in the future. Meanwhile, one must use the means one has and continue with occlusion and glasses, encouraging the child and the parents to persevere in carrying out the necessary exercises to restore useful vision to the defective eye.

Case records from the pre-school eye clinics are now being received and this evidence of helpful co-operation is gratefully acknowledged.

Again thanks are due to the Directors of the Glasgow Eye Infirmary, to which institution several cases were referred, and where the writer carried out the necessary treatment or operation.

For the number of patients treated and re-examined and the nature of the visual disabilities dealt with at the clinic, see accompanying statistical report.

DENTAL TREATMENT.

As was indicated in last year's report, an additional full-time dental surgeon was appointed to the service in July and commenced duty in August, 1937. This appointment now permits of a complete dental inspection being made at least once a year of every pupil in attendance at school. Formerly, the dental surgeons inspected only the pupils between the ages of 5 and 13 years, the inspection of pupils beyond 13 years being conducted by the school medical officers at their routine visits. It is much more satisfactory, however, for the dental inspections to be undertaken by the officers who will give the subsequent treatment. There are now seven whole-time dental officers engaged in the work of school dentistry in this County, and, should the demand for treatment appreciably increase, additional officers will be appointed to meet it.

During the past year, the total number of pupils dentally *inspected* at school amounted to **85,544**, and of this number, **51,966** (25,927 boys ; 26,039 girls), were found to require dental treatment. The percentage of children requiring treatment, namely, **60·7**, shows a slight increase on the previous year's figures, possibly due, in some measure, to the more expert dental examination of the older pupils. This percentage compares very favourably with what is found in similar areas throughout Britain, especially when it is remembered that the dental inspections are of a very thorough and searching nature and defects, even of a minor degree, are notified to the parents.

In the matter of dental *treatment* the number of pupils who came under the care of the school dentists during the past year amounted to **24,578**, this total being made up of 11,814 boys and 12,764 girls. The preponderance of girls over the number of boys treated is more marked on this occasion than what is normally found, although it is well recognised that the former generally respond more freely to the offer of treatment than the latter.

The history of school dentistry in this County has been one of steady progress, and although the numbers accepting treatment are not all that might be desired, one should not cavil at the results and express too keen a disappointment at the response made by the children. It might be well if such critics were to cast their minds back to their own youthful days and try to conjure up how much

enthusiasm they themselves displayed in the matter of a visit to the dentist. Nay, let them be honest and acknowledge how little appeal even yet the dental chair makes to them, notwithstanding all their maturer judgment of what is best. If a survey be made of the numbers of school children—many of them of tender years—who have voluntarily come forward for dental treatment during, say, the past ten years, the results will prove to be astonishingly good and will merit a very considerable measure of praise for the courage displayed by the patients. (In the past ten years, 215,595 children have received dental treatment from the Committee's dental officers. Many others have received treatment privately).

One outstanding result of this regular dental supervision of the scholars is the steadily increasing number of senior pupils who have practically perfect dentition on leaving school, and it is now a rare occurrence to find a really bad septic mouth condition amongst the pupils. These facts have been repeatedly commented upon by the members of the school dental staff.

Although conservative treatment is slowly but surely gaining ground, the reluctance of parents to consent to this treatment being given to their children is still very marked. It will require long and persistent propaganda by the dental officers before this parental prejudice is overcome. In the opinion of many parents the extraction of an offending tooth is "something attempted, something done has earned a night's repose"; the filling of a carious tooth, on the other hand, is viewed with suspicion and raises doubts and misgivings for the future. However, that the dental officers are slowly but surely convincing the parents in the matter of conservative treatment is shown by the steady yearly increase in the number of fillings undertaken. During the year under review, the number of fillings done amounted to **6,259**.

The Dental Board of the United Kingdom have again generously offered to send their trained lecturers to this County to stimulate interest in dental hygiene amongst the pupils and arrangements have been made for a fortnight's dental tour being conducted early in the coming session. The schools specially selected for the demonstrations are all situated in the densely populated industrial areas, from which, in previous years, the most encouraging dental returns have not been received. Next year's report will show what results have followed from the advice and demonstrations given.

On a general survey of the past year's work it is again found that the rural districts give the best returns, many of the schools showing a full 100 per cent., whilst 90 per cent. and upwards is quite a common experience. In Nos. 1, 2 and 3 School Management Areas, which are distinctly rural in character, the respective percentages of treatment are 70·4, 83·2 and 82·8. No. 6 Area (Bothwell Parish), which is largely industrial, furnished, on the whole, a very satisfactory percentage, schools calling for special mention being Muiredge P. (96·37); Bothwell Park P. (89·79); Chapelhall P. (78·44); Carnbroe P. (73·8); New

Stevenston R.C. (71·31) ; Bothwellhaugh P. (66·52) ; Bothwell P. (66·1) ; Chapelhall R.C. (62·99) ; Holytown P. (62·66) ; Uddingston R.C. (61·1).

In No. 7 Area (Shotts district), the schools which gave a specially good return were Cleland R.C. (90) ; Stane P. (81·29) ; Morningside P. (79·8) ; Northrigg P. (78·57).

In No. 9 Area (New Monkland, Cadder, etc.), the most outstanding returns were from the following schools :—St. Vincent's R.C. (100) ; Riggend P. (90) ; Garthamlock P. (88·9) ; Drumpark Special (80·3) ; Longriggend R.C. (80·2) ; Forrestfield P. (80) ; Whiterigg R.C. (79·7) ; Mount Vernon P. (69·9) ; Calderbank P. (69·4).

In No. 10 Area (Airdrie), a generally satisfactory response was made, the best returns coming from Chapelside P. (79) ; Clarkston P. (69·4) ; Coatdyke R.C. (64·8).

In No. 11 Area (Coatbridge), although a fair return was generally obtained none of the schools reached a 60 per cent. standard.

In No. 12 Area (Hamilton), only one school (Beckford Street P., 64·8) gave a return of 60 per cent. or over.

In No. 13 Area (Motherwell and Wishaw), only three schools attained a percentage of 60, namely, Knowetop Special (65·45) ; Craigneuk P. (62·7) ; Cambusnethan P. (60·62).

In No. 14 Area (Rutherglen) no school reached a 60 per cent. treatment figure, the best school in this district being Farie Street P. (57·9).

The poorest results were, as formerly, furnished by the Secondary and Central schools. An outstanding exception is that of Biggar H.G. which gave a very good return of 68·1 per cent. A Central school in an industrial area had the doubtful distinction of furnishing the lowest percentage of treatment in the whole County, with 9·48. In the same area two Secondary schools returned a treatment percentage of 10·77 and 13·4 respectively. Another Secondary school in an adjoining town returned 10·9 per cent.

The following tabular statement shows the percentage of treatment in the various School Management Areas, each area being considered as a whole :—No. 1 Area, 70·4 ; No. 2 Area, 83·2 ; No. 3 Area, 82·8 ; No. 4 Area, 46·6 ; No. 5 Area, 40 ; No. 6 Area, 54·3 ; No. 7 Area, 50·6 ; No. 8 Area, 48·2 ; No. 9 Area, 56 ; No. 10 Area, 49·9 ; No. 11 Area, 41·4 ; No. 12 Area, 38·4 ; No. 13 Area, 35·6 ; No. 14 Area, 36·1.

It is still found that the Saturday morning dental clinic does not find great favour in the eyes of the children, and, frequently, the attendance at the clinics on these days is disappointing. The children, however, are not altogether to blame for this as many parents, freed

from the necessity of having to get the children fed and off to school, regard Saturdays as an "off" day, and are rather complaisant in the matter of their children's attendance at the 9.30 a.m. clinic. Several of the parents stated that 11 o'clock, or later, would suit them much better. The same rather disappointing attendance during the school holiday period is also common, and, as far as possible, those children who fail to attend during such periods have a further opportunity given them later on to come forward for treatment. This is not always easy to accomplish, especially in rural areas where a subsequent visit of the dental officer to treat a few patients would involve a considerable expenditure both of time and money. Fortunately, however, the rural areas do not give much trouble in this respect, although in one or two instances during the past year parents who refused to sanction treatment at the time of the dentist's visit requested treatment soon after the dental officer had completed his visit to the area, and were astonished to find that their children would now require to travel some considerable distance to the nearest centre where treatment was in progress. What certain of the public fail to realise is that the Committee's scheme is a *school* dental service which affords examination and treatment of all school children at least once a year, and cannot be regarded as a continuous service throughout the year, meeting a demand for treatment whenever the parents think fit. A genuine emergency case may arise in which case every endeavour will be made to meet the call, but it has never been the policy of this service to encourage casual treatment. If this type of patient were to become at all common, there would be considerable disorganisation of the service, and it is doubtful if the regular, routine dental supervision of the schools could be overtaken.

The following extracts are taken from the reports submitted by the dental officers on their work throughout the past session :—

Mr. Beattie (Nos. 1, 2, 3, 4, 5, 8 School Management Areas) states that although dental work in the rural areas may be somewhat difficult as regards travelling and accommodation it has its compensations inasmuch as one becomes thoroughly acquainted with one's patients and gains the complete confidence of the children. Some difficulty is occasionally experienced when treating the senior pupils, especially those of fourteen years and upwards, many of whom have almost attained adult stature, as the travelling dental chair is suitable only for more juvenile pupils. Especially is this the case in such districts as Biggar, Lanark, and Lesmahagow, where the average height and weight of the senior pupils are considerably greater than what is found in the more urban districts.

Mr. Beattie desires to thank the teachers and janitors of the various schools for their continued co-operation. This makes the work more efficient and is greatly appreciated.

The following is a summary of the work undertaken by him during the session :—Total number of pupils treated, 3,261 ; extractions (temporary teeth), 5,279 ; extractions (permanent teeth), 592 ; fillings, 865 ; scaling, cleaning, dressings, etc., 17.

Mr. Kerr (Nos. 5, 8, 14 School Management Areas) remarks on the continuous improvement seen in the dental condition of the pupils and the gradually diminishing number of multiple extractions requiring to be done. The antipathy on the part of parents to conservative treatment is a very real problem and much time is occupied in persuading parents to allow conservative work to be performed. The bugbear of the school dentist is the parent who claims expert knowledge in all matters of dental hygiene and what is best in the matter of treatment for his child. It requires considerable patience, not to say a specialised sense of humour, in dealing with a parent who objects to his child's teeth being converted into a "dump for scrap metal."

The following is a summary of the work overtaken by *Mr. Kerr* during the year :—Number of pupils treated, 3,209 ; extractions (temporary teeth), 3,172 ; extractions (permanent teeth), 389 ; fillings, 616 ; scaling, dressings, cleaning, etc., 245.

Mr. Rankin (Nos. 4, 5, 12 School Management Areas) reports that during his tour of inspection he had more time to devote to talking to the pupils and advising them regarding the care of the teeth with the result that there was an increase in the number of pupils coming forward for treatment for the first time. In one particular case, a boy candidate for the Royal Air Force had neglected his teeth to such an extent that rejection by the Air Force was inevitable. So anxious was the lad to join the Force that, at considerable sacrifice, he attended the clinic with great regularity. It was found possible to save sufficient of his neglected teeth to warrant his acceptance by the Air Force, at least so far as dental requirements were concerned. This lad is now an apostle of school dentistry, but it is a pity it required such drastic means to convert him.

Mr. Rankin again draws attention to the occurrence of cases of broken teeth arising from violent contact with the nozzle of school drinking fountains. (This is commented on in another section of the Report—page 10.)

The following is a summary of the work undertaken during the past year :—Number of children treated, 3414 ; extractions (temporary teeth), 4,345 ; extractions (permanent teeth), 1,803 ; fillings, 1,125 ; scaling, cleaning, dressings, etc., 2,213.

Mr. Watson (Nos. 6, 7, 9, 10 School Management Areas) states that the work at the clinics proceeded smoothly and regularly, much as in former years. He regrets that the response to dental treatment from the Secondary schools should be so meagre in comparison with that of the Primary schools, even after the excellent demonstrations given by the Dental Board's expert lecturers. In one instance, however, a pupil (girl) at a Secondary school became an enthusiast in dental hygiene and asked for her teeth to be put into a healthy condition. This entailed a long course of treatment as she had consistently refused treatment in the past. However, she attended

regularly every second or third day, even though this necessitated her travelling to different clinics. The period of treatment lasted for six weeks and necessitated the extraction of several teeth and the insertion of no fewer than twenty fillings. But what a saving of time and discomfort there would have been had she accepted treatment when first offered her.

Mr. Watson, whose area embraces many rural schools, expresses his indebtedness to all members of the teaching staffs, janitors and cleaners for their unfailing help in the carrying out of his work at their schools.

The following is a summary of the work performed during the session :—Number of children treated, 3,888 ; extractions (temporary teeth), 4,939 ; extractions (permanent teeth), 781 ; fillings, 965 ; scaling, cleaning, dressings, etc., 422.

Miss Young (Nos. 6, 7 School Management Areas) reports on the marked improvement in the dental condition of the children, especially those who have come forward regularly each year for treatment. The children entering school for the first time show the poorest dental condition, and it is hoped that parents will take fuller advantage of the treatment offered at the Child Welfare Clinics. *Miss Young* also states she is fortunate in that the children kept their dental appointments at the clinics with praiseworthy punctuality. Part of the credit for this belongs to the parents, but, undoubtedly, most of the credit should be given to the headmasters and class teachers. A greater amount of conservative treatment was overtaken during the year, but it is a pity that more parents do not realise that the permanent teeth begin to appear at the 6th year, and that those are the teeth which require careful watching. If this were done and conservative treatment carried out whenever necessary a great deal of extraction of permanent teeth later on in school life would be avoided. For the first time there was the necessary accommodation at Chapelhall R.C. School for treatment being conducted on the premises with the result that there was a very marked increase in the numbers accepting treatment.

The following is a summary of the work undertaken by *Miss Young* during the year :—Number of children treated, 3,947 ; extractions (temporary teeth), 3,810 ; extractions (permanent teeth), 1,142 ; fillings, 953 ; dressings, scaling, etc., 255.

Miss Watson (Nos. 7, 13 School Management Areas) comments on the poor response to treatment given by the Secondary schools in her area, with the exception of Motherwell R.C. H.G. School, where there was an encouraging increase amongst the older pupils. The new premises for dental treatment, both at Motherwell and Wishaw, are a great help and will mean greater comfort for the patients and increased efficiency in the carrying out of treatment.

Miss Watson desires to thank the janitors at the clinics for their assistance in making the clinics as comfortable as possible both for the patients and the dental staff. The following is a summary of the work undertaken by her during the past session :—

Number of pupils treated, **3,023** ; extractions (temporary teeth), 3,654 ; extractions (permanent teeth), 865 ; fillings, 617 ; scaling, dressings, etc., 138.

Mr. Gibson (Nos. 7, 9, 11 School Management Areas) in submitting his first annual report takes the opportunity of thanking the headmasters, class teachers and janitors of the various schools for their kindness and assistance and the headquarters staff for the organisation of his dental work. He states that there has been an increase in the numbers coming forward for treatment in No. 11 Area which is encouraging. He finds, as do other members of the dental service, that there is a parental antipathy to conservative treatment which must be gradually worn down by persistent propaganda. He is also of opinion that a display of suitable posters in school which emphasise the benefits of regular dental care would encourage the children to become more "tooth conscious."

The following is a summary of the work undertaken by Mr. Gibson during the year :—

Number of children treated, **3,836** ; extractions (temporary teeth), 8,556 ; extractions (permanent teeth), 1,285 ; fillings, 1,128 ; scaling, dressings, etc., 61.

TABLE F.

DENTAL TREATMENT

Summary of Work done in the following School Management Areas during the year ended 31st July, 1938.

INSPECTION.						TREATMENT.									No. of Pupils.		
SCHOOL MANAGEMENT COMMITTEES.			Number of Pupils Examined.	Number of Notices issued to Parents		Number of Pupils Treated.		NATURE OF TREATMENT.							Necessitous.	Partly Necessitous.	
								Extractions.		Fillings.		Scaling.	Dressing.	Cleaning.			
				Boys.	Girls.	Boys.	Girls.	Temp.	Perm.	Cem.	Amal.						
Number	1	...	...	855	226	233	156	167	488	76	9	113	—	5	—	251	72
„	2	...	...	1,845	608	627	492	535	1,609	215	14	229	—	2	—	821	206
„	3	...	...	2,711	877	764	710	650	2,252	240	5	353	6	2	2	1,034	326
„	4	...	...	4,708	1,315	1,437	585	693	1,833	443	84	306	9	85	488	994	284
„	5	...	...	4,653	1,339	1,414	551	568	1,300	112	22	137	6	73	—	939	180
„	6	...	...	9,889	3,019	3,295	1,534	1,897	3,284	986	207	619	23	90	100	2,738	693
„	7	...	...	5,404	2,060	1,923	1,025	991	3,860	588	99	439	9	21	37	1,624	392
„	8	...	...	4,689	1,445	1,449	676	719	1,332	170	64	226	—	92	13	1,109	286
„	9	...	...	8,769	2,487	2,612	1,382	1,475	4,132	676	110	628	109	66	109	2,001	856
„	10	...	...	5,939	1,529	1,572	730	819	2,005	309	16	343	51	30	51	1,113	436
„	11	...	...	7,982	2,736	2,710	1,110	1,142	4,651	731	321	309	5	14	35	1,724	528
„	12	...	...	11,395	3,319	3,166	1,205	1,282	3,073	1,397	215	611	21	331	1,276	2,104	383
„	13	...	...	12,443	3,742	3,524	1,241	1,348	3,027	783	48	514	3	116	7	1,951	638
„	14	...	...	4,262	1,225	1,313	417	478	909	131	71	147	—	64	—	630	265
TOTAL			...	85,544	25,927	26,039	11,814	12,764	33,755	6,857	1,285	4,974	242	991	2,118	19,033	5,545

REPORT ON TREATMENT OF DISEASES OF THE EAR, NOSE AND THROAT.

During the year under review certain alterations and additions were effected in the carrying out of operative treatment for ear, nose and throat diseases occurring in school children, the most important of these being the transferring of the operating centre at Hamilton to Calderbank House, Baillieston, and the establishing of a new operating centre at The Lockhart Hospital, Lanark. The transferring of the Hamilton Centre to Baillieston permits of patients being admitted on the day prior to operation and remaining till the day after operation. Longer detention can be arranged should the necessity arise.

In regard to the establishing of a new centre at Lanark, it had for long been recognised that patients from the Upper Ward of the County were placed at a disadvantage in that they had to travel long distances—to Motherwell or Hamilton—to receive the treatment afforded by the school medical service. The Directors of the Lockhart Hospital, Lanark, recognising this hardship, appointed a visiting ear, nose and throat specialist to their hospital and offered his services to the Education Committee for the treatment of school children. The Committee readily agreed to accept the offer and early in 1938 the clinic commenced functioning. The surgeon appointed was Dr. C. E. Scott, Edinburgh, and the new arrangement has proved to be a great boon to children resident in the southern part of the County. This new centre is additional to the centre at The Lady Home Hospital, Douglas, which also serves a large rural area and which was established last year.

The Committee has now four centres at which operative treatment for diseases of the ear, nose and throat may be afforded, these centres being Calderbank House, Baillieston; the Carnegie Welfare Institute, Motherwell; The Lady Home Hospital, Douglas, and The Lockhart Hospital, Lanark.

During the past year the number of cases operated upon for ear, nose or throat disease under the Committee's scheme of treatment was as follows:—At Baillieston, 266; at Motherwell, 344; at Douglas, 35; at Lanark, 18; a total of **663**.

In addition to the foregoing, certain cases demanding more prolonged or major operative treatment were admitted to one or other of the larger hospitals in Glasgow or Edinburgh.

The following are the reports received from the various treatment centres:—

CALDERBANK HOUSE, BAILLIESTON.

(DR. JAMES ADAM).

The report which I have the honour of again presenting is briefly summarised in the following figures:—

308 children were examined, of whom 42 did not require further attention ; 243 had the tonsil and adenoid operation performed and 23 received treatment for ear disease.

Results have, on the whole, been good, especially as regards hearing and mouth-breathing. One girl, now aged 9 years, and hitherto educated at the school for the deaf at Hamilton, has been transferred to an ordinary school.

Of 20 asthmatic cases treated, most are well. The exceptions are mainly due to want of care at home, overcrowding, or innutrition. There are many cases of milk rhinorrhoea, in whose case milk at school will have to be stopped.

The transfer of the operating centre from the Welfare Centre at Hamilton to Calderbank House, Baillieston, is a great improvement both to patient and surgeon, and permits of children being admitted on the day prior to operation and remaining for at least a day after operation.

CARNEGIE HEALTH INSTITUTE, MOTHERWELL.

(DR. R. A. GRAY).

	Under General Anaesthetic.
No. of necessitous cases treated for Tonsils and Adenoids,	344
No. of necessitous cases treated for Diseases of the Ear,	—
No. of necessitous cases treated for Diseases of the Nose,	—
	<hr/> 344 <hr/>
Total number of attendances of school children at the Clinic,	953
Total time occupied by Rhinologist (approximate number of hours),	84
Total time occupied by Anaesthetist (approximate number of hours),	56

LADY HOME HOSPITAL, DOUGLAS.

(DR. R. A. GRAY).

Number of cases treated for Tonsils and Adenoids, ...	35
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THE LOCKHART HOSPITAL, LANARK.

(DR. C. E. SCOTT).

Number of cases treated for Tonsils and Adenoids, ...	18
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TREATMENT OF MINOR AILMENTS.

As was indicated in last year's report, the Committee sanctioned the establishing of an additional Minor Ailments Clinic to serve the needs of Wishaw and Newmains districts. This clinic commenced functioning in January, 1938, and, as will be seen from the accompanying statistics, has been largely taken advantage of by the children. The clinic which is conducted in a wing of Wishaw P. School, in addition to providing for treatment of minor ailments, has also departments for dental and visual treatment, as well as excellent waiting accommodation. The minor ailments clinics to be established at Bellshill and Coatbridge are in course of erection, and it is hoped that both of these centres will be functioning not later than January next.

The Committee's minor ailments clinics are at present eight in number and are conducted at the following centres:—*Airdrie*—at Airdrie Academy; *Blantyre*—at the Health Institute, by arrangements with the public health authority of the County; *Cambuslang*—at Gateside School; *Hamilton*—at Beckford Street School; *Larkhall*—at the Health Institute, by arrangements with the public health authority of the County; *Motherwell*—at the Carnegie Health Institute, by arrangement with the public health authority of the Burgh; *Rutherglen*—at Gallowflat School; *Wishaw*—at Wishaw Public School.

All of these clinics are staffed by members of the school medical service.

In addition to the foregoing, a minor ailments clinic is conducted at Shotts Health Institute by the public health authority of the County, at which all school children in the district requiring treatment receive attention. Arrangements have also been made by the public health authority to afford treatment in certain of the smaller areas at their Child Welfare Centres, *e.g.*, at Bishopbriggs, Chryston, Baillieston, etc., but these have been rather meagrely taken advantage of.

The extent of the services given at the minor ailments clinics is seen by a study of the accompanying statistical table (Table G), but what cannot be stated in cold figures, although it may be comprehended by those who give thought to the matter, is the educative force exercised by the clinics. Parents and children alike have there abundant proof of what can be accomplished in the matter of cure, and the gospel of health observance is steadily instilled into them. She would indeed be an obtuse parent who failed to benefit from her visits to the clinic and appreciate, however humbly, some of the aphorisms of health: that uncleanness, in all its many forms, is the great begetter of skin disease; that the dreaded and all-pervading germs are, mostly, rather miserable opponents if properly tackled; that, after all, comparatively little is required to maintain a child in a good state of health, but how tedious the treatment of a condition,

originally simple in character, may become if neglected; that the weekly bath, fresh air and adequate sleep are mightier tonics than were ever produced by the most skilled compounder of drugs. Parents receive a practical demonstration in the application of simple remedies which they themselves could quite well carry out at home at little cost of time or money. There is no necromancy practised at the clinics, although one might be led to suspect this by the many speedy cures effected there. As has already been said, the educative values of the clinics cannot readily be assessed, but there is little doubt that they exercise a considerable influence in making both parents and children more "health conscious" without, it is hoped, becoming morbidly or unduly solicitous about their health.

The regular visits paid by the nurses to the schools served by the various clinics are much appreciated by the teaching staff, inasmuch as early cases of skin, ear or eye trouble are detected and the child brought under the care of the clinic or family doctor as soon as possible. There is little, if any, reluctance on the part of the children to attend for clinic treatment, and it is regularly noted, so thoroughly do they apparently enjoy their visit—and the necessary short absence from school—that the period of cure is, generally, regarded as all too short. A remarkable feature of the clinics is that children who are stated by the mothers to be refractory at home or even with the family doctor, are usually quiet, even to the extent of docility, when receiving treatment by the school medical staff. The discipline of the school accompanies them to the clinic and this readiness to accept treatment applies to all the clinics, be they visual, dental, or ear, nose and throat.

During the past year, **12,714** children attended the clinics for treatment, the total attendances made being **77,274**. Reference to Table G shows that, as in former years, diseases of the skin constituted the majority of the cases dealt with, **9,144** children, or 71.9 per cent of all children attending, being treated for some form of skin trouble. The total attendances made by these **9,144** children amounted to **44,291**, or an average of 4.8 attendances per pupil.

Next in order of frequency were cases of external eye disease—blepharitis, conjunctivitis, ulcers, etc. The total number of children who attended for treatment was **2,244**, the number of attendances made being **18,236**. Certain eye conditions, such as corneal opacity and chronic blepharitis, require prolonged treatment, hence the relatively large number of attendances made by the patients.

In the case of ear disease, the commonest condition met with was, as usual, chronic suppurative inflammation. The number of pupils suffering from this condition was **622**, whilst the number of attendances made by the patients was **8,250**. The condition is one of great chronicity and even after the disease has, to all appearance, been cured, a recurrence is by no means uncommon. The number of cases of chronic suppuration of the ear is certainly diminishing, as is also the case with nasal obstruction, owing to the larger number of

children who are receiving operative treatment for adenoids and tonsils at the hands of the Committee's specialists.

Ringworm of the head is now becoming a rare condition, only 7 cases being encountered at the skin clinics. Ringworm of the body is also comparatively rare, only 21 cases being discovered. No case of favus has been found for several years, so that it may be said that this disease has practically ceased to exist amongst the school children in this County.

A rather disturbing element is the very considerable number of cases of scabies found amongst the school children. That this is not peculiar to this County is clearly proved by statistics from other areas in Scotland. The treatment of the condition at the minor ailments clinics is attended with marked success so far as the actual patient is concerned, but, unfortunately, there is frequently a re-infection got from the adult members of the family who are outwith the reach of the school medical service and exceedingly difficult to reach by the public health services. Large numbers of adults are, almost certainly, going about their usual occupations while suffering from the disease as it is not an incapacitating one, and these constitute centres of contagion in the household. Indeed, the marvel is that certain members of an infected house may actually show no evidence of the disease. At those clinics which are provided with special bathing and disinfection facilities whole families have occasionally been persuaded to attend for treatment and thorough sterilization of their clothing, but this arrangement only reaches a minority of the households. Sterilization of wearing apparel is not sufficient, but the process should also include all bed clothing, *e.g.*, blankets, mattresses, etc., before curative and preventive procedure can claim to be completely satisfactory. It will thus be easily recognised what a great problem is involved in the treatment of an infected household.

In addition to the figures shown in statistical Table G, a very large number of children in attendance at the Committee's special schools received daily treatment for minor ailments at the clinics attached to these schools. These clinics are visited daily by one of the members of the school nursing staff who carries out such treatment as is required. No fewer than **24,514** attendances were made at these clinics.

The total attendances made during the past year at the Committee's minor ailments clinics (including these attached to the special schools) amounted to **101,788**. The entire work at the clinics—with the exception of the one conducted at Shotts Health Institute—is carried out by the Committee's medical and nursing staffs.

The following is a summary of the cases treated at each clinic :—

Airdrie Clinic (Dr. Darling)—For eye diseases, 494 with 2,448 attendances; skin diseases, 1,554 with 5,402 attendances; ear

diseases, 115 with 1,296 attendances; nose diseases, 18 with 105 attendances; ringworm, 12 with 58 attendances.

Total—**2,193** children who made **9,309** attendances.

Blantyre Clinic (Dr. Cormack)—For eye diseases, 181 with 1,448 attendances; skin diseases, 1,120 with 5,405 attendances; ear diseases, 97 with 948 attendances; nose diseases, 36 with 557 attendances; ringworm, 4 with 28 attendances.

Total—**1,438** children who made **8,386** attendances.

Cambuslang Clinic (Dr. Cunningham)—For eye diseases, 410 with 3,024 attendances; skin diseases, 1,236 with 5,554 attendances; ear diseases, 151 with 1,489 attendances; nose diseases, 68 with 811 attendances; ringworm, 2 with 13 attendances.

Total—**1,867** children who made **10,891** attendances.

Hamilton Clinic (Dr. Mackenzie)—For eye diseases, 354 with 4,153 attendances; skin diseases, 1,386 with 7,259 attendances; ear diseases, 133 with 1,554 attendances; nose diseases 49 with 799 attendances; ringworm, 4 with 18 attendances.

Total—**1,926** children who made **13,783** attendances.

Larkhall Clinic (Dr. Mackenzie)—For eye diseases, 183 with 2,165 attendances; skin diseases, 971 with 5,189 attendances; ear diseases, 51 with 346 attendances; nose diseases, 63 with 809 attendances; ringworm, 3 with 15 attendances.

Total—**1,271** children who made **8,524** attendances.

Motherwell Clinic (Dr. Young)—For eye diseases, 194 with 1,727 attendances; skin diseases, 974 with 5,961 attendances; ear diseases, 127 with 1,483 attendances; nose diseases, 50 with 421 attendances; ringworm, 1 with 1 attendance.

Total—**1,346** children who made **9,953** attendances.

Rutherglen Clinic (Dr. Cunningham)—For eye diseases, 316 with 1,909 attendances; skin diseases, 1,453 with 6,653 attendances; ear diseases, 125 with 1,298 attendances; nose diseases, 98 with 1,278 attendances; ringworm, 1 with 1 attendance.

Total—**1,993** children who made **11,139** attendances.

Wishaw Clinic (Dr. Young)—For eye diseases, 72 with 775 attendances; skin disease, 240 with 1,460 attendances; ear diseases, 66 with 656 attendances; nose diseases, 23 with 279 attendances; ringworm, 1 with 17 attendances.

Total—**402** children who made **3,187** attendances.

Shotts Clinic—For eye diseases, 40 with 587 attendances ; skin diseases, 210 with 1,408 attendances ; ear diseases, 25 with 275 attendances ; nose diseases, 3 with 192 attendances.

Total—**278** children who made **2,462** attendances.

At Special Schools' Clinics :—

Drumpark (Nurse Douglas), ...	...	10,260	attendances.
Dalton (Nurse Park), ...	...	6,806	„
Knowetop (Nurse Chislett), ...	...	7,448	„

Children attending Woodburn Special School receive any necessary treatment at Beckford Street School Clinic, Hamilton.

JOHN MACINTYRE,
Executive School Medical Officer.

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MINOR AILMENTS.

TABLE G. SHOWING (a) NUMBER OF CHILDREN TREATED AT EACH CLINIC; (b) TOTAL ATTENDANCES MADE; (c) NATURE OF AILMENT FROM WHICH THE CHILDREN SUFFERED.

	AIRDRIE CLINIC.			BLANTYRE CLINIC.			CAMBUSLANG CLINIC.			HAMILTON CLINIC.			LARKHALL CLINIC.			MOTHERWELL CLINIC.			RUTHERGLEN CLINIC.			SHOTT'S CLINIC.			* WISHAW CLINIC.		
	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.
DISEASES OF THE EYE—																											
Blepharitis,	115	99	1,546	47	51	804	57	70	936	67	92	2,332	36	42	1,038	40	57	984	37	48	502	12	13	427	16	25	481
Conjunctivitis,	75	50	269	22	14	241	66	97	1,160	53	84	1,507	28	39	769	15	26	272	74	64	791	5	—	15	8	6	125
Corneal Ulcer,	50	35	113	2	2	36	3	3	20	2	1	9	—	1	1	3	10	129	—	2	15	1	—	14	2	1	19
Corneal Opacities,	10	19	352	3	4	250	12	7	567	7	2	154	2	4	238	—	5	134	2	4	170	—	2	72	1	2	45
Ophthalmia and Phlyctenular Conj.,	1	1	6	1	—	1	5	4	47	—	3	9	—	1	1	3	4	63	4	1	50	1	—	14	1	1	38
Keratitis-Interstitial,	—	—	—	—	—	—	—	1	1	2	1	25	1	2	56	1	1	20	1	2	97	—	—	—	—	—	—
Hordeolum (Stye),	18	11	68	18	14	113	27	34	152	14	20	86	10	15	54	8	16	106	28	29	191	4	2	45	1	6	35
Stillicidium,	—	—	—	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Diseases,	5	5	94	2	—	2	14	10	141	3	2	30	—	2	8	2	3	19	14	6	93	—	—	—	2	—	32
TOTAL,	274	220	2,448	96	85	1,448	184	226	3,024	149	205	4,153	77	106	2,165	72	122	1,727	160	156	1,909	23	17	587	31	41	775
DISEASES OF THE SKIN—																											
Impetigo Contagiosa,	294	265	2,076	183	109	1,621	126	107	1,067	202	149	1,809	144	101	1,173	170	123	1,345	153	77	1,092	45	29	529	34	24	378
Eczema,	8	10	114	18	18	275	29	23	366	24	16	375	12	16	182	48	43	739	36	30	492	5	2	32	15	13	184
Alopecia Areata,	5	1	40	1	2	113	9	2	118	3	1	91	1	4	164	4	5	180	6	—	73	—	—	—	2	2	79
Scabies,	55	56	343	40	54	412	13	12	71	59	60	460	27	28	246	61	64	1,269	11	15	65	42	31	549	11	17	159
Pediculosis Capitis, with Impet.																											
Contag.,	3	9	13	4	17	61	—	4	10	5	7	52	1	6	22	2	4	7	—	10	23	1	3	12	—	—	—
Pediculosis Capitis,	—	—	—	—	—	—	—	5	12	—	2	9	—	1	6	—	—	—	4	10	25	—	—	—	1	2	3
Dermatitis Seborrhœica,	1	—	1	15	13	166	17	11	141	12	21	157	15	27	353	12	18	191	7	7	100	—	1	29	6	11	85
Wounds and Septic Sores,	391	267	2,259	347	195	1,989	420	256	2,372	430	279	3,261	280	191	2,031	206	110	1,770	543	255	2,960	29	17	199	47	27	422
Psoriasis,	3	7	85	1	4	124	4	—	72	—	4	25	—	—	—	2	3	56	4	1	46	—	2	28	2	—	19
Other Skin Diseases,	107	72	472	36	63	644	113	85	1,325	57	55	1,020	55	62	1,012	45	54	404	173	111	1,777	2	1	30	11	15	131
TOTAL,	867	687	5,402	645	475	5,405	731	505	5,554	792	594	7,259	535	436	5,189	550	424	5,961	937	516	6,653	124	86	1,408	129	111	1,460
DISEASES OF THE EAR—																											
Chronic Suppurative Inflammation,	54	50	1,271	35	38	860	34	53	1,252	53	46	1,360	20	12	283	54	40	1,288	32	37	1,134	11	5	240	31	17	562
Ceruminous Collection,	5	3	22	2	4	7	14	12	86	2	7	23	1	5	10	3	4	43	4	10	52	3	3	28	1	2	11
Chronic Catarrh,	—	1	1	6	5	36	4	7	81	9	9	127	6	4	33	2	11	55	8	4	50	—	—	—	2	2	44
Other Diseases,	2	—	2	3	4	45	10	17	70	5	2	44	3	2	20	5	8	97	14	16	62	1	2	7	7	4	39
TOTAL,	61	54	1,296	46	51	948	62	89	1,489	69	64	1,554	30	21	346	64	63	1,483	58	67	1,298	15	10	275	41	25	656
DISEASES OF THE NOSE—																											
Nasal Catarrh	12	6	105	15	10	349	21	28	521	20	10	486	27	9	450	24	16	312	37	32	754	3	—	192	8	10	225
Nasal Obstruction,	—	—	—	6	5	208	7	12	290	13	6	313	17	10	359	8	2	109	10	19	524	—	—	—	2	3	54
TOTAL,	12	6	105	21	15	557	28	40	811	33	16	799	44	19	809	32	18	421	47	51	1,278	3	—	192	10	13	279
Ringworm of Head,	1	—	6	—	—	—	1	—	5	3	—	15	—	—	—	—	—	—	1	—	1	—	—	—	1	—	17
Ringworm of Body,	7	4	52	2	2	28	—	1	8	—	1	3	2	1	15	1	—	1	—	—	—	—	—	—	—	—	—
TOTAL,	8	4	58	2	2	28	1	1	13	3	1	18	2	1	15	1	—	1	1	—	1	—	—	—	1	—	17

